

# Ontario Action Plan for Addressing Syphilis among 2S/GBTQ+ Populations (Toronto\*)



## Introduction:

Before 2002, Ontario experienced low rates of infectious syphilis. Around this time, an outbreak emerged which predominantly affected cisgender men who have sex with men, particularly those aged 35 to 44, living in Toronto or Ottawa, or living with HIV. Syphilis cases consistently climbed until 2022 before slightly declining.

More recent data from HQ (a Toronto-based community healthcare centre focused on cisgender men who have sex with men, Two-Spirit, transgender, and assigned-male-at-birth non-binary individuals) suggests a shift in who syphilis is affecting, with a growing proportion of infectious syphilis cases occurring among younger individuals aged 26 to 35 and those who are HIV-negative. Furthermore, HQ's data shows that a significant proportion of affected individuals are of Latin American descent, closely followed by White individuals. Interestingly, despite Toronto's substantial Black population, Black individuals appear underrepresented in HQ's data.

## Methodology:

This action plan is informed by epidemiological data from Public Health Ontario<sup>1,2</sup>, and Toronto Public Health<sup>3</sup>, alongside insights gathered from local 2S/GBTQ+ organizations, healthcare providers, and community members at a provincial meeting in Toronto, Ontario, in March 2025.

Attendees participated in capacity-building presentations from HQ, ACT, and Toronto Public Health, speaking to the history of syphilis in Toronto, prevention, screening and treatment models, recent syphilis data, and provider and community perspectives.

A group discussion followed to determine syphilis prevention, screening, and treatment recommendations.

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<sup>1</sup> [Public Health Ontario](#)

<sup>2</sup> [Public Health Ontario](#)

<sup>3</sup> [Toronto Public Health](#)

*\*While some of these recommendations are relevant to the entire province of Ontario, this action plan was primarily produced by stakeholders around Toronto.*

## Recommended Actions:

### Prevention:

- **Ensure consistent use of clear, simple, and accurate language and messaging by all stakeholders when discussing syphilis prevention, screening, and treatment, including in public- and provider-facing materials. Examples include:**
  - Sharing that condoms reduce but do not eliminate syphilis transmission
  - Using specific terms like “syphilis chancre” or “painless syphilis sores” to avoid confusion
  - Highlighting lesser-known symptoms and providing information on syphilis stages
- **Acknowledge doxy-PEP as a newer STI prevention tool helpful for some people, while also acknowledging the need to use it with care and consider antimicrobial resistance:**
  - Education is needed for both patients and providers on the purpose of doxy-PEP, its effectiveness, efficacy, and its proper use
  - More research is needed on its effects on people assigned female at birth
  - Address potential drug interactions, for example, for those on HIV antiretroviral medications or hormone replacement therapy (HRT)
- **Educate communities and healthcare professionals on the historical context of syphilis treatment—including misinformation and inequities in care—to foster empathy, correct misconceptions, and reduce the stigma associated with syphilis today.**
- **Provide syphilis information in multiple languages, addressing culture-specific stigmas with the help of Community Advisory Committees.**

### Screening:

- **Syphilis symptoms can be missed or mistaken for other issues, so regular testing is recommended. People who have had syphilis before should get tested at least once a year, and ideally every 3–6 months. For others at risk, testing at least once a year is recommended.**
- **Train healthcare providers to discuss sexual health openly and explain testing procedures.**
- **Maintain a regional list of sexual health clinics for referrals.**
- **Develop an official syphilis screening guide for healthcare professionals.**

### Treatment:

- **Barriers to treatment include stigma, fear of needles, asymptomatic infection, and hidden chancres. Address these by creating community-driven resources and peer-led workshops to build trust and accessibility.**

## Overarching Actions & Recommended Next Steps:

- **Establish a Provincial 2S/GBTQ+ Sexual Health Strategy**

Integrate syphilis prevention, screening, and treatment into a broader, long-term provincial sexual health strategy specific to 2S/GBTQ+ communities. Embed culturally competent, trauma-informed care, and gender-affirming practices. Conduct regular reviews of epidemiological data and community feedback to adapt the strategy in real-time.

- **Create a Collaborative Provincial Syphilis Task Force**

Include public health officials, community-based organizations (like HQ and ACT), people with lived experience, researchers, and frontline healthcare providers to guide the development and implementation of the strategy.

- **Standardize Health Communication and Education Materials**

Develop a province-wide, plain-language toolkit that addresses the full syphilis continuum of care, including symptom descriptions, prevention methods (e.g., condoms, doxy-PEP), myths, and the drivers and impacts of stigma. Translate materials into key languages (based on local demographics) and co-create content with community members. Equip healthcare providers with updated tools to support inclusive, stigma-free testing and care, including the development of an official screening guide.

- **Support Community-Led Initiatives and Peer-Based Outreach**

Fund grassroots organizations to lead education campaigns, workshops, and peer-navigation programs. Prioritize outreach in underrepresented communities (e.g., Black, Latin Canadian, Indigenous, and non-urban populations).

- **Improve Data Collection & Surveillance**

Prioritize privacy-oriented, anti-oppressive practices. Conduct intentional and targeted data collection with underrepresented populations, including metrics like population demographics, risk factors, access barriers, and including identity markers like race, gender identity, and HIV status.

- **Launch a Centralized Syphilis Information and Services Hub**

Develop a province-wide online platform listing clinics, resources, and up-to-date information for both the public and providers.



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