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

Introduction:

Over the last five years, Nova Scotia has experienced a dramatic increase in syphilis cases. The province's annual notifiable disease surveillance report cited 51 cases in 2018 but 101 cases in 2023. Men made up the majority of cases in both years with 79 cases being male-identified in 2023. Those aged 25 to 39 make up the majority of all cases. Nova Scotia does not report data on demographic information like ethnicity or sexual orientation, so numbers for 2S/GBTQ+ and other priority populations cannot be established.

Nova Scotia Health operates a single sexual health clinic[1] in Halifax, which only operates two days a week and requires same-day booking[2]. There are several community-based clinics across Nova Scotia[3], offering a range of services, the most prominent of which is the Halifax Sexual Health Centre[4].

Methodology:

This action plan was created following a syphilis consultation held on March 27, 2025 with Nova Scotian collaborators from healthcare, community-based organizations, and affected communities. Attendees participated in capacity-building activities to enhance their knowledge of syphilis and related initiatives. Groups then participated in discussion and prioritization activities to identify recommended actions across the syphilis continuum of care.

Recommended Actions:

Prevention:

- **Improve Access to and Education on Doxy-PEP**
  Improved access includes making it more affordable through the provincial pharmacare[5] program via reduced co-pay and deductibles. Improved education would include adding at least one reference to this prevention tool on the Nova Scotia Health website (where there are currently no references).[6]

1 https://www.nshealth.ca/sites/default/files/documents/1149-2024.02.13.pdf
2 https://www.nshealth.ca/sites/default/files/documents/1149-2024.02.13.pdf
3 https://shns.ca/wp-content/uploads/2021/07/How-can-I-get-tested-for-STIs-in-Nova-Scotia.pdf
4 https://hshc.ca/
5 https://novascotia.ca/dhw/pharmacare/
6 https://www.nshealth.ca/search?keywords=doxy

Screening:

- **Expand Provincial STI Clinic Options**
  There were several calls for the province/health authority to establish and operate more clinics devoted to sexual health and gender-affirming care. This would fill gaps related to screening and treatment and shorten wait times, reducing the burden on community-based services, allowing them to focus more energies on prevention.

- **Address Primary Care Providers' Resistance to Offering STBBI Testing**
  Anecdotal evidence shows that several service providers (e.g., the Halifax Sexual Health Centre) receive referrals for sexual health services that are well within the scope of practice for primary care providers. Yet these are often viewed as 'specialized' healthcare services and referred to organizations that are already overwhelmed and struggle to meet demand. This creates a bottleneck and backlog of patients waiting to receive STBBI screening and treatment.

- **Expand Screening Options**
  With the rise of self-testing, dried blood spot testing, multiplex testing, and more, there are opportunities to change the ways in which people are screened for syphilis and reduce the existing burden. Nova Scotia currently has the STI Care Now Initiative[7] which allows individuals to get tested and treated for gonorrhea and chlamydia through free at-home testing kits and virtual care, with planned expansions to include syphilis and HIV screening.

- **Create More STBBI Screening Opportunities**
  Participants cited a need to provide the community with options for testing outside of healthcare settings. This included suggestions of pop-up screening stations at community events and providing discreet locations for individuals to pick up and return self-testing kits (though it should be noted syphilis self-testing kits are not currently commercially available). These opportunities could be offered in culturally relevant spaces to reach more diverse populations.

Treatment:

- **Coverage of Treatment-Related Costs**
  With centralized services within the province's health authority (e.g., the only provincial STI clinic being in Halifax), patients are often required to travel for screening and treatment. This creates barriers to care, especially for those who have accessibility needs, lack access to transportation, are living in poverty, and more. As well, treatment costs are not universally covered, so improved provincial pharmacare (with reduced co-pays) would help improve treatment rates. Providing additional funds to cover costs would reduce the economic burden on patients and reduce barriers to treatment.

- **Train More Pharmacists to Offer Treatment**
  Nova Scotia has seen rapid augmentations in the roles of many healthcare providers, especially pharmacists. Since July 2024, pharmacists in the province have been authorized to prescribe pre-exposure prophylaxis for HIV (PrEP) and manage care for some STIs. However, while it is now in their scope of practice, it is not a requirement. Knowledge of this is slowly spreading but early research studies[8] show high acceptability among users accessing sexual health services in these locations.

- **Continue Expanding the Scope of Services Available to discreet Pharmacists**
  While pharmacists' scope of practice has expanded, there is still more they could do—including offering doxy-PEP, injectable treatments, and more.

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7 https://www.nshealth.ca/clinics-programs-and-services/sti-care-now-initiative

8 https://journals.sagepub.com/doi/10.1177/17151635231177027

Overarching Actions:

- **Acknowledge that Sexual Health is a Multi-Faceted Public Health Issue**
  Participants felt there was a strong need to employ a more holistic approach to sexual health, incorporating education, screening, treatment, and expanded health supports like improved health service navigation and mental health services.

- **Advocate for Increased Service Funding from the Provincial Government**
  Participants wanted the Nova Scotia government to increase (and maintain) investment in organizations and services that provide sexual health education and harm reduction services.

- **Campaigns and Workshops to Provide Education to Community Members and Service Providers**
  While it is recognized that many community members have a lack of education on sexual health (and especially treatment), it was noted that many healthcare providers also lack a fulsome understanding of sexual health. For community members, this can be addressed through public service education programs and improved service navigation. For providers, this requires training specific to their role in healthcare and educating them on existing resources (e.g., STI Care Now). Given the stigma and stress related to STIs, mental health counselling was seen as an often-missing element of treatment plans.

Recommended Next Steps:

Participants generated a lengthy list of issues to address. One potential step toward meeting these needs is the formation of a coalition of interested parties to create collaborative advocacy and education plans. This process should seek out additional partners beyond those at the consultation event to ensure that voices are heard from across the sector and reflect the breadth and diversity of the community. Strategic planning would then commence to identify priorities and actions on each of the two pathways (education and advocacy).

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