

Syphilis Prevention, Diagnosis, and Treatment among Two-Spirit, Gay, Bisexual, Trans, Queer, and Non-Binary People in Alberta:

Findings from Sex Now
2022 and 2024

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Executive Summary

Two-Spirit, gay, bisexual, trans, and queer men and non-binary people (2S/GBTQ+) continue to face disproportionate rates of syphilis in Canada. Growing research evidence demonstrates that the antibiotic doxycycline is an effective, affordable, and cost-saving prevention method (as doxy PrEP/PEP) for some bacterial sexually transmitted and blood-borne infections (STBBIs) that disproportionately impact 2S/GBTQ+ communities, including syphilis. We sought to better understand experiences with syphilis testing, diagnosis, and prevention among 2S/GBTQ+ people in Alberta.

We analyzed key syphilis variables from existing Sex Now survey data from 2022 (collected in-person) and 2024 (collected online). Eligibility was restricted to Two-Spirit people, gay, bisexual, trans, or queer men, non-binary people, and men who reported having had sex with a man in the last five years, and who were 15 years of age or older, living in Canada, and able to self-complete the questionnaire in French, English, or Spanish. To explore differences and highlight sexual health inequities across 2S/GBTQ+ communities, results were further broken down by key demographic and behavioural factors (e.g., race, sexual orientation, gender identity, HIV and PrEP status).

Overall, 16% of Alberta participants reported never being tested for STBBIs and another 21% had last tested more than a year ago. Additionally, 2% of participants self-reported receiving a syphilis diagnosis or treatment in the last 12 months and 21% reported ever having syphilis. Awareness (31%) and uptake (9%) of doxy PrEP/PEP was low, but interest was relatively high (40% interested, 32% unsure). Key differences in syphilis outcomes by race, sexual orientation, gender identity, age, education level, and HIV and PrEP status also emerged.

Our findings indicate that syphilis infection is common among 2S/GBTQ+ people in Alberta and that gaps in uptake of syphilis testing persist. Future testing initiatives should be tailored to specific communities who remain under-reached, including bisexual and trans men. Additionally, our findings highlight the need for more community outreach, education, health promotion, and access to doxy PrEP/PEP in Alberta. Broad syphilis education and guidelines for healthcare providers can also increase 2S/GBTQ+ people's access to syphilis testing and doxy PrEP/PEP in the province.

Background

Two-Spirit, gay, bisexual, trans, and queer men and non-binary people (2S/GBTQ+) continue to face disproportionate rates of sexually transmitted and blood-borne infections (STBBIs) in Canada due to discrimination, stigma, and related social determinants of health, including barriers to accessible and affirming STBBI prevention, testing, and treatment services (1;2). According to the Public Health Agency of Canada, gay, bisexual, and other men who have sex with men accounted for 27% of all syphilis infections in Canada in 2023 (3). In 2019, Alberta's Chief Medical Officer of Health declared a syphilis outbreak due to high levels of syphilis that had not been seen since the 1940's, with 1,536 reported infectious syphilis cases in Alberta in 2018, ten times greater than the reported cases in 2014, with the highest rates observed in Edmonton and Northern Alberta (4). Alberta has not published recent data on syphilis cases within 2S/GBTQ+ communities, but recent data have highlighted a rapid increase in congenital syphilis cases in the province (5). In the face of these growing rates, new approaches to prevention and testing are desperately needed.

Growing research evidence has demonstrated that the antibiotic doxycycline is an effective, affordable, and cost-saving prevention method for some bacterial STBBIs that disproportionately impact 2S/GBTQ+ communities, including syphilis, chlamydia, and some types of gonorrhea (6-12), when taken before or after sex as pre- or post-exposure prophylaxis (doxy PrEP/PEP). Early work has demonstrated high 2S/GBTQ+ community interest in doxy PrEP/PEP (12-14) and willingness to prescribe doxy PrEP/PEP among healthcare providers if recommended by public health (15). However, access to doxy PrEP/PEP remains inconsistent across different parts of Canada (16).

Given the high number of syphilis cases reported in Alberta, there is a need to better understand 2S/GBTQ+ Albertans' experiences with and needs around syphilis prevention, diagnosis, and treatment. To address this need, this report focuses on key syphilis-related findings from 2S/GBTQ+ people who lived in Alberta and participated in the Sex Now survey in 2022 (in-person) or 2024 (online).

Methods

Sex Now is a Canada-wide periodic cross-sectional survey conducted by Community-Based Research Centre (CBRC) to promote the health and well-being of 2S/GBTQ+ people, with a focus on HIV and STBBIs. It is the largest and longest-running survey of 2S/GBTQ+ health and well-being in Canada. This report draws on Sex Now data collected in 2022 and 2024. For Sex Now 2022, CBRC team members and many community partners led in-person recruitment at Pride festivals, Two-Spirit powwows, and related events across 20 Canadian cities between June and September 2022, including recruitment in Edmonton and Calgary. For Sex Now 2024 (online), data were collected between March and May 2024 with recruitment through CBRC and community partner organizations' social media and listservs and 2S/GBTQ+ networking and sex-seeking apps.

To be eligible for both Sex Now 2022 (in-person) and 2024 (online), participants had to: 1) self-identify as a gay, bisexual, trans, or queer man, a non-binary person, and/or a Two-Spirit person, or be a man who reported having had sex with a man (cis or trans) in the last five years; 2) be 15 years of age or older; 3) be living in Canada; and 4) be able to provide informed consent and self-complete the questionnaire in French, English, or Spanish. Participants received a \$10 honorarium and Sex Now-branded dog tags in 2022 (in-person) and were entered into a prize draw for 1 of 3 travel vouchers in 2024 (online) as a token of appreciation for participating in the study.

This report provides descriptive information about Sex Now 2022 (in-person) and Sex Now 2024 (online) participants who reported living in Alberta concerning syphilis and doxy PrEP/PEP. We highlight Alberta participants' experiences with syphilis infection, prevention, and testing as well as interest in and uptake of doxy PrEP/PEP. Additionally, this report aims to illustrate differences within Alberta participants to highlight sexual health inequities within 2S/GBTQ+ communities. Where possible, we combined data for questions that were asked in both 2022 and 2024 to increase the overall number of participants in the sample; however, some questions were only included in 2024. Due to the very small number of participants who were Indigenous, Black, and/or people of colour in this geographic sub-sample, we are unable to report most findings by ethnoracial identity. However, we recognize that systemic racism continues to shape syphilis outcomes and related access to prevention and care in Canada (17). In particular, it is important to acknowledge ongoing anti-Black racism in healthcare and the Tuskegee Syphilis Study (1932-1972) in which researchers intentionally withheld syphilis treatment from African American men without informed consent, which continues to contribute to Black communities' mistrust in healthcare today (18). Additionally, since most of the questions were optional, participants were able to skip questions, which means that the number of total responses varies for different questions. Please keep these limitations in mind when reading this report.

Results

Sociodemographics

Sex Now is a Canada-wide periodic cross-sectional survey conducted by Community-Based Research Centre (CBRC) to promote the health and well-being of 2S/GBTQ+ people, with a focus on HIV and STBBIs. It is the largest and longest-running survey of 2S/GBTQ+ health and well-being in Canada. This report draws on Sex Now data collected in 2022 and 2024. For Sex Now 2022, CBRC team members and many community partners led in-person recruitment at Pride festivals, Two-Spirit powwows, and related events across 20 Canadian cities between June and September 2022, including recruitment in Edmonton and Calgary. For Sex Now 2024 (online), data were collected between March and May 2024 with recruitment through CBRC and community partner organizations' social media and listservs and 2S/GBTQ+ networking and sex-seeking apps.

Overall, there were 370 Alberta participants in Sex Now 2022 and 251 in Sex Now 2024. In total, after combining the 2022 and 2024 datasets and removing missing responses, between 176 to 561 Sex Now participants living in Alberta answered the questions included in this report. Most participants were aged between 20-29 (29%) or 30-39 (27%) years of age. In terms of gender, about two-thirds of participants identified themselves as men (64%); less than one-fifth identified as trans men (14%) and non-binary (19%). Please note that some individuals identified themselves using multiple gender, sexual orientation, and race and ethnicity categories, which is why the total does not sum to 100%. The most common sexual identities reported were gay (56%), bisexual (24%), and queer (21%). Additionally, 69% of Indigenous participants self-reported as being Two-Spirit. In terms of race and ethnicity, most participants identified as white (74%), followed by Indigenous (16%), East/Southeast Asian (5%), South Asian (3%), Black (3%), Latina/e/o/x (3%), and Middle Eastern (2%). Most participants were born in Canada (88%). In terms of education, just under a quarter of participants had completed a Bachelor's degree or higher (23%). Furthermore, a quarter of participants reported having a disability (25%). Additionally, 4% of participants reported living with HIV, while 23% of HIV-negative participants were currently taking HIV PrEP. See Table 1 for a complete list of sociodemographic information for the sample.

Table 1: Sociodemographics (Sex Now 2022 and Sex Now 2024 participants)

| Sexual orientation (select all that apply) | Number | Percentage |
|---|--------|------------|
| Gay | 314 | 56% |
| Bisexual | 132 | 24% |
| Queer | 120 | 21% |
| Other | 225 | 40% |
| Gender identity (select all that apply) | | |
| Man | 357 | 64% |
| Trans Man | 80 | 14% |
| Non-Binary | 107 | 19% |
| Other | 118 | 21% |
| Two-Spirit <i>Indigenous participants only</i> | | |
| Two Spirit | 53 | 69% |
| Not Two Spirit | 24 | 31% |
| Education level completed | | |
| Below university-level | 432 | 77% |
| University and higher (Bachelor's and above) | 127 | 23% |

| Ethnoracial identity (select all that apply) | | |
|---|-----|-----|
| Black | 17 | 3% |
| East/Southeast Asian | 28 | 5% |
| Indigenous | 92 | 16% |
| Latina, Latino, Latinx, Latine | 16 | 3% |
| Middle Eastern | 11 | 2% |
| South Asian | 18 | 3% |
| White | 415 | 74% |
| None of the above race/ethnicities | 16 | 3% |
| Age group (in years) | | |
| 15-19 | 74 | 13% |
| 20-29 | 164 | 29% |
| 30-39 | 151 | 27% |
| 40-49 | 70 | 12% |
| 50-59 | 54 | 10% |
| 60 or older | 48 | 9% |

| Financial Strain | | |
|--|-----|-----|
| Comfortable, with extra | 147 | 26% |
| Enough, but no extra | 191 | 34% |
| Have to cut back | 127 | 23% |
| Cannot make ends meet | 95 | 17% |
| Immigration Status | | |
| Canadian citizen (born in Canada) | 491 | 88% |
| Canadian citizen/landed immigrant (not born in Canada) | 62 | 11% |
| Other (not born in Canada) | 3 | 1% |
| Age group (in years) | | |
| 15-19 | 74 | 13% |
| 20-29 | 164 | 29% |
| 30-39 | 151 | 27% |
| 40-49 | 70 | 12% |
| 50-59 | 54 | 10% |
| 60 or older | 48 | 9% |

| Disability | | |
|--|-----|-----|
| Yes | 140 | 25% |
| No | 393 | 70% |
| Unsure | 27 | 5% |
| Satisfied with connection to 2S/LGBTQQIA+ communities | | |
| Yes | 221 | 44% |
| No/Unsure or neither satisfied/dissatisfied | 278 | 56% |
| Ever diagnosed with HIV | | |
| Yes (I am living with HIV) | 23 | 4% |
| No (I have never been diagnosed with HIV) | 526 | 96% |
| Ever taken PrEP <i>Only includes participants who answered question "Ever diagnosed with HIV" with No or Prefer not to answer.</i> | | |
| Yes, I am currently taking PrEP | 120 | 23% |
| Yes, but I stopped | 52 | 10% |
| No | 353 | 67% |

The last STI test for any STIs (other than HIV)

A total of 561 Sex Now 2022 (in-person) and Sex Now 2024 (online) participants responded to the question about the last test for any STIs (other than HIV). Participants reported having had their last STI test in the past 3 months (38%), 4-6 months ago (10%), 7-12 months ago (9%), and more than a year ago (21%), while 16% reported having never tested for STIs (see Figure 1).

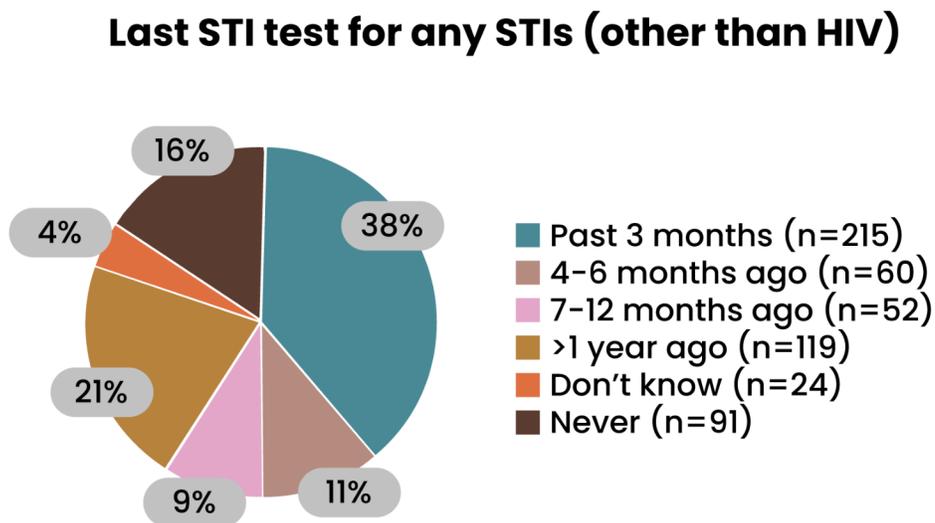


Figure 1: Recency of last STI test for any STIs (other than HIV)

When looking at the results by sexual orientation, gay-identified participants were most likely to have tested for STIs in the past 3 months (47%) and bisexual participants were least likely to have tested for STIs in the past 3 months (24%). Furthermore, about a quarter of bisexual participants (24%) and more than one-third of trans men participants (38%) reported having never tested for STIs (see Figures 2 and 3).

Percentage of participants who have never tested for STIs by sexual orientation

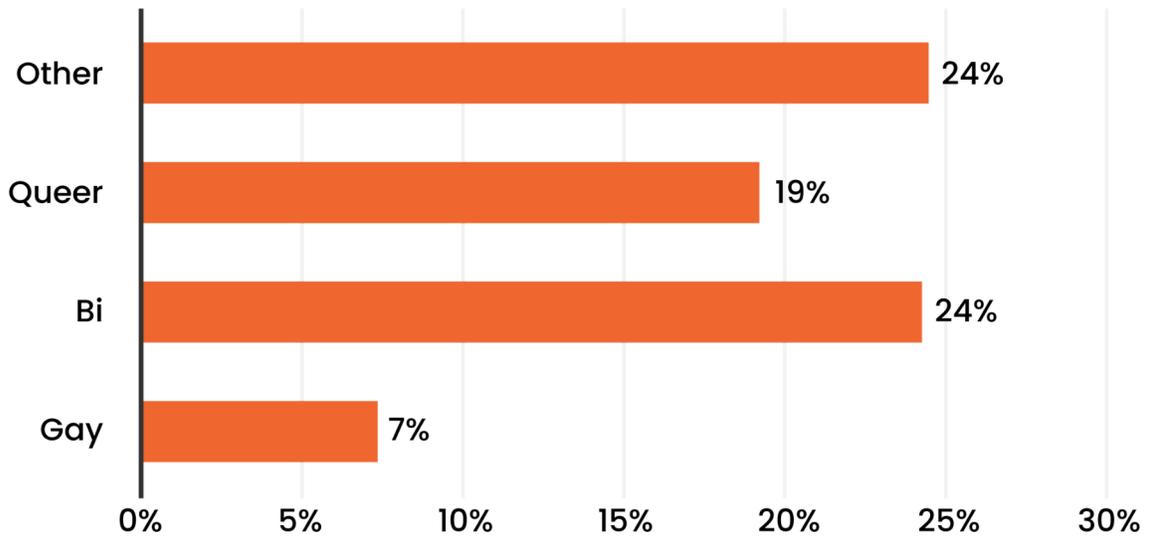


Figure 2: Percentage of participants who have never tested for STIs by sexual orientation

Percentage of participants who have never tested for STIs by gender

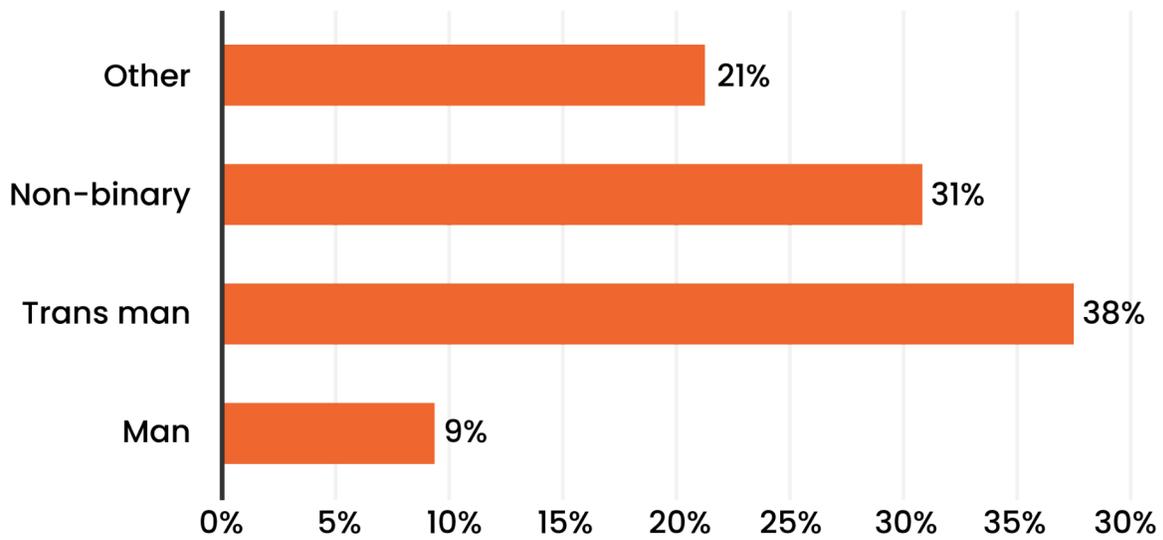


Figure 3: Percentage of participants who have never tested for STIs by gender

Additionally, 87% of Two-Spirit participants reported having ever been tested for STIs. Participants with university or higher education were more likely to report having had an STI test in the past 3 months (46%), compared with participants who had less than a completed university degree (36%), and almost one-fifth of participants with below university education reported having never tested for STIs (19%). Considering ethnoracial identity, white participants were most likely to have tested for STIs in the past 3 months (38%) while East/Southeast Asian participants were least likely to have tested for STIs in the past 3 months (14%). In terms of age, participants who were 30-39 years old were most likely to have tested for STIs in the past 3 months (54%) while participants who were 15-19 years old were least likely to have tested for STIs in the past 3 months (15%) (Figure 4).

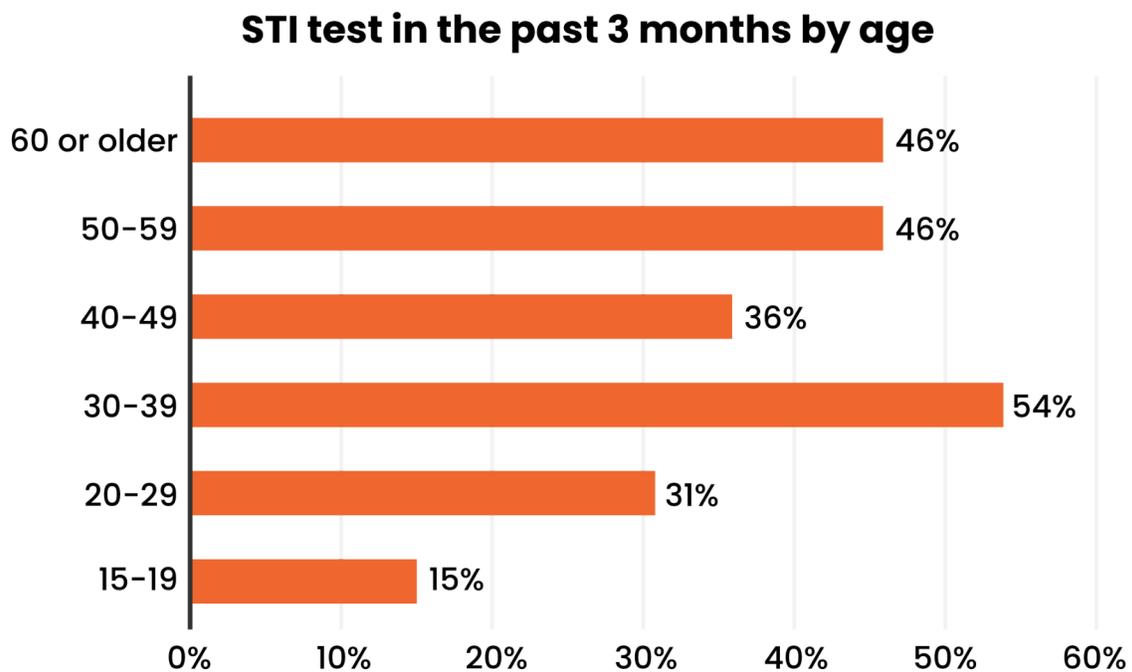


Figure 4: Percentage of participants tested for STIs in the past 3 months by age

Participants living with disabilities were less likely to report having had their last STI test in the past 3 months (33%) compared with participants who were not living with disabilities (42%). Additionally, the results for reporting an STI test in the past 3 months varied by HIV and PrEP status. Participants who were HIV-negative and currently using PrEP (91%) or living with HIV (61%) were more likely to have recently tested compared with participants who were HIV-negative and had taken PrEP but stopped (40%), or participants who were HIV-negative and had never taken PrEP (19%) (Figure 5).

STI test in the past 3 months by HIV and PrEP status

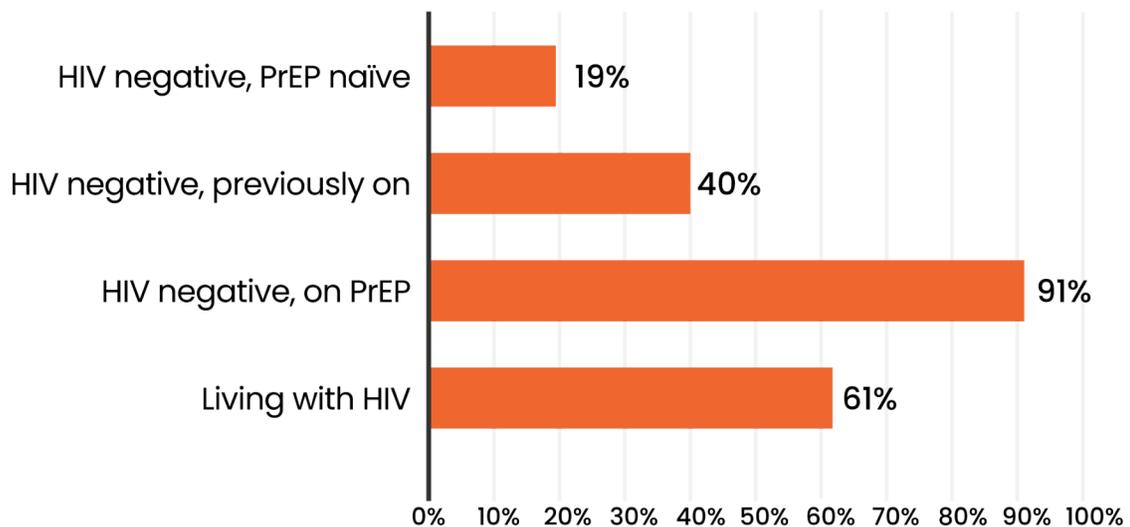


Figure 5: Percentage of participants who tested for STIs in the past 3 months by HIV and PrEP status

Recency of the last syphilis test

In 2024, our most recent data available, we asked participants specifically about getting tested for syphilis. A total of 212 Sex Now 2024 (online) participants responded to this question, and they reported having had a syphilis test in the past 3 months (47%), 4-6 months ago (11%), 7-12 months ago (8%), and more than a year ago (19%), while 11% reported having never tested for syphilis and 3% reported not knowing the last time they got tested for syphilis (Figure 6).

Recency of last syphilis test among Albertan respondents in Sex Now 2024 (N=212)

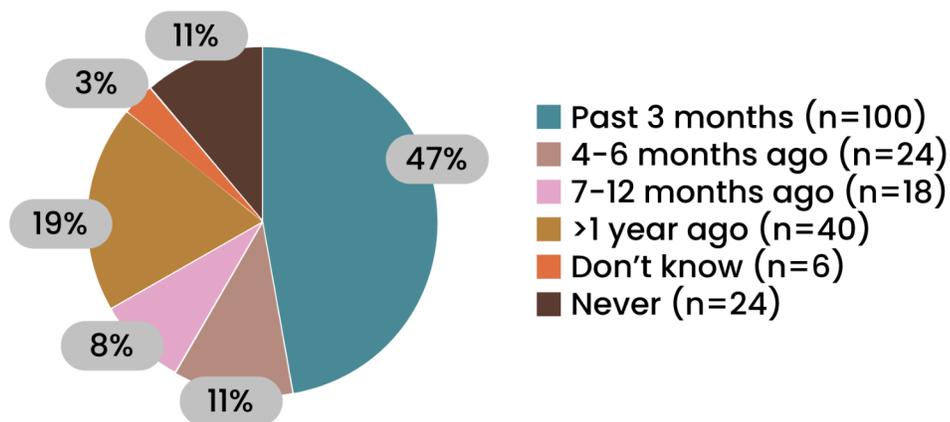


Figure 6: Recency of last syphilis test

Notably, one-fifth of bisexual participants (19%) reported having never tested for syphilis. Similarly, a little over one-fifth of non-binary participants (22%) reported having never tested for syphilis.

More than half of gay participants (51%) reported having tested for syphilis in the past 3 months compared with just over one-third of bisexual participants (35%). Almost half of participants who identified as men (48%) reported having tested for syphilis in the past 3 months compared with less than one-third of participants who identified as non-binary (28%). Additionally, more than half of Two-Spirit (57%) participants reported having tested for syphilis in the past 3 months. In terms of age, participants who were 30–39 years old were most likely to have tested for syphilis in the past 3 months (65%) while participants who were 40–49 years old were least likely to do so (35%). Notably, the results for having had a syphilis test in the past 3 months varied by HIV and PrEP status (Figure 7). Most participants who were currently using PrEP (96%) and about half of participants living with HIV (47%) reported recent testing compared with a little over one-third of participants who have used PrEP but stopped using it (34%) and less than one-fifth of participants who have never taken PrEP (17%).

Syphilis testing in the past 3 months by HIV and PrEP status

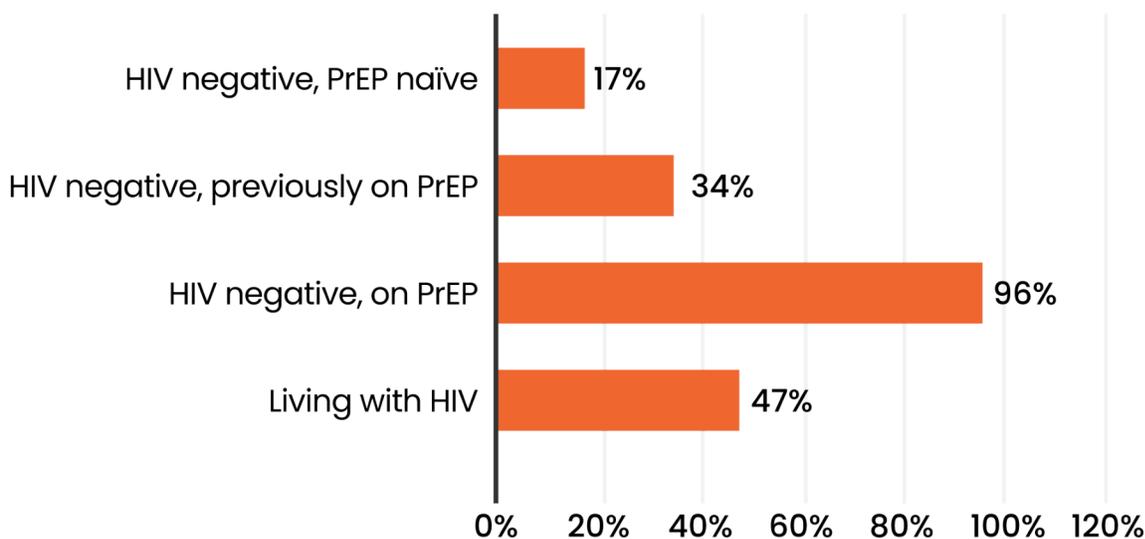


Figure 7: Percentage of participants who tested for syphilis in the past 3 months by HIV and PrEP status, Sex Now 2024

Syphilis prevalence, past 12 months

A total of 372 Alberta participants answered the question about whether or not they received a syphilis diagnosis in the last 12 months. Overall, 2% of participants self-reported receiving a syphilis diagnosis or treatment in the last 12 months.

Syphilis prevalence, lifetime

A total of 206 Sex Now 2024 (online) participants answered the question about whether they had ever had syphilis, and about one-fifth of participants self-reported ever having syphilis (21%) (Figure 8).

Lifetime syphilis among Albertan respondents in Sex Now 2024 (N=206)

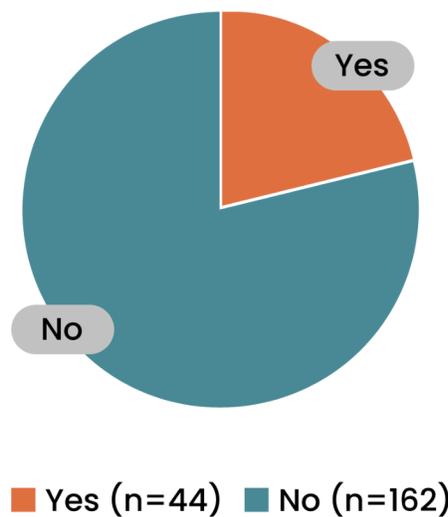


Figure 8: Lifetime syphilis prevalence, Sex Now 2024

When looking at lifetime prevalence by sexual orientation, gay-identified participants were most likely to report ever having syphilis (26%) compared with participants who identified as bisexual (10%), queer (7%), or something else (12%). In terms of gender, participants who identified as men were most likely to report ever having syphilis (23%) compared with 12% of non-binary participants and none of our trans men participants. The lifetime prevalence results were also different by age groups, which is expected for a lifetime measure of prevalence given that older people are recalling over a longer period of time than younger participants.

Participants who were 60 years old or older were most likely to report ever having syphilis (31%), followed by participants who were 40-49 years old (27%) and 20-29 years old (21%). When it came to HIV and PrEP status, HIV-negative participants who reported having taken PrEP but stopped using it were most likely to report ever having syphilis (38%), compared with HIV-negative participants currently using PrEP (18%) and HIV-negative participants who have never taken PrEP (16%). One in three (35%) participants living with HIV reported lifetime syphilis (Figure 9).

Lifetime syphilis by HIV and PrEP status

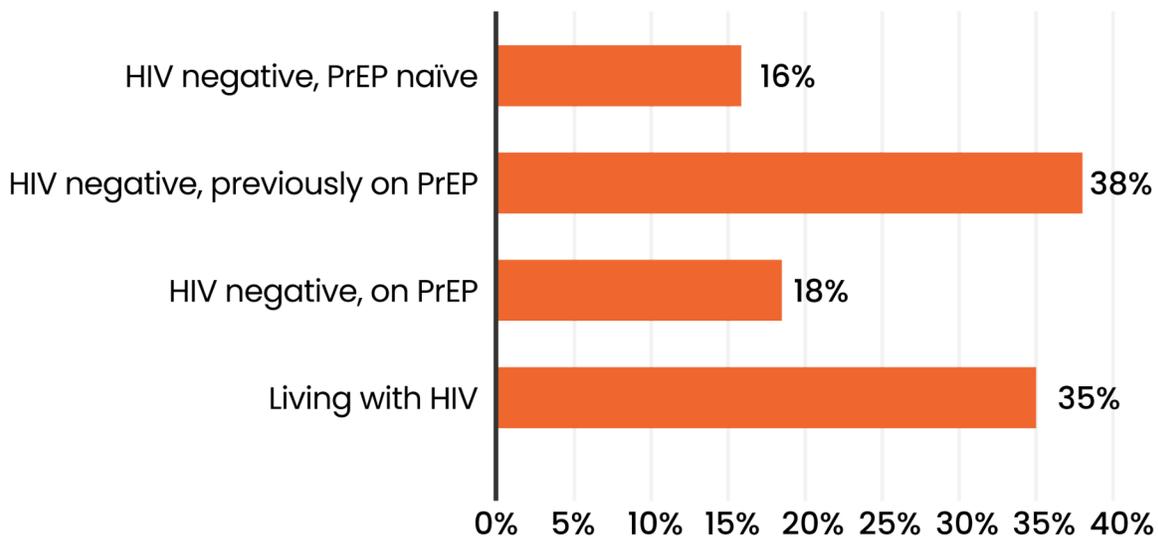


Figure 9: Percentage of participants who had ever had syphilis by HIV and PrEP status

Participants who were not satisfied with their connection to 2S/LGBTQQIA+ communities (26%) were almost twice as likely to report having ever had syphilis, compared with participants who were satisfied with connection to 2S/LGBTQQIA+ communities (14%) (Figure 10).

Lifetime syphilis by satisfaction with connection to 2S/LGBTQQIA+ communities

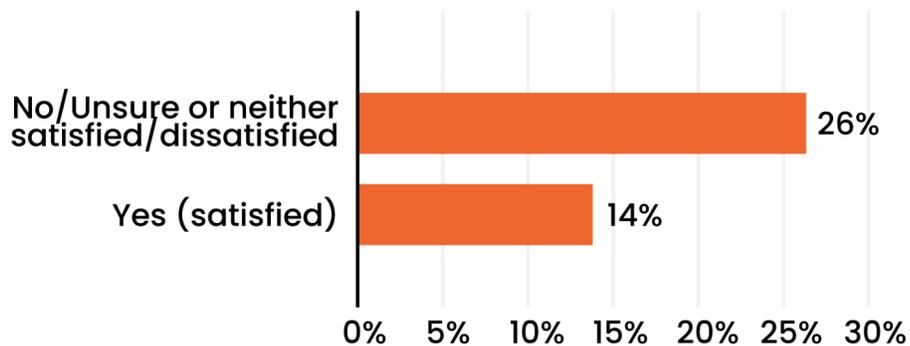


Figure 10: Percentage of participants who had ever had syphilis by satisfaction with connection to 2S/LGBTQQIA communities

Awareness of doxy PrEP or doxy PEP

A total of 552 Sex Now 2022 (in-person) and Sex Now 2024 (online) participants answered a question about whether they knew about doxy PrEP/PEP before taking the Sex Now surveys. Less than one-third of participants reported they already knew about doxy PrEP/PEP (31%) (Figure 11).

Awareness of doxy PrEP/doxy-PEP among Albertan respondents

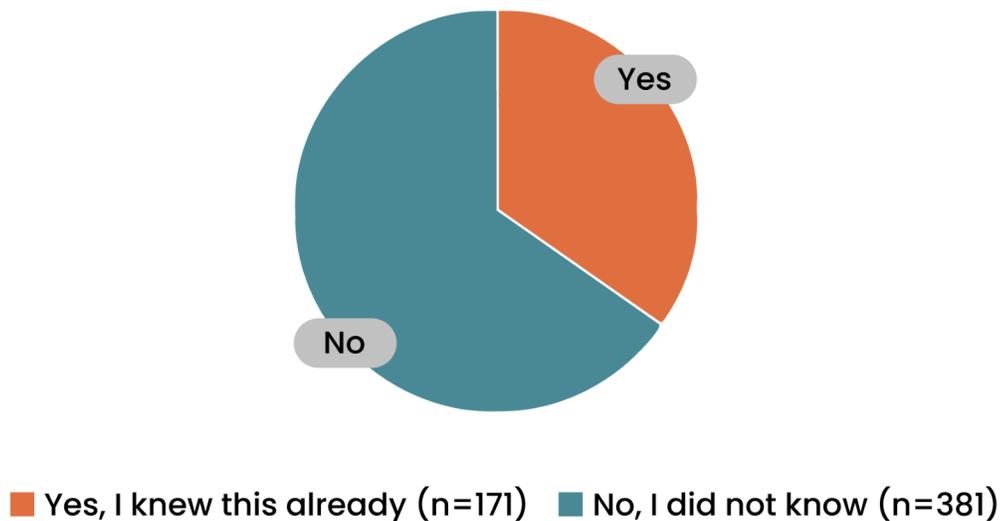


Figure 11: Awareness of doxy PrEP/PEP

Awareness was varied across different demographics with more awareness among Two-Spirit people (36%), men-identified participants (33%), and gay participants (34%) and lower awareness among trans men (24%) and bisexual participants (27%). In terms of HIV and PrEP status, participants who were HIV-negative and currently taking PrEP were most likely to be aware of doxy PrEP/PEP (54%), followed by participants living with HIV (42%) and participants who were HIV-negative and had taken PrEP but stopped (42%), and lowest among participants who were HIV-negative and had never taken PrEP (20%) (see Figure 12).

Awareness of doxy PrEP/PEP by HIV and PrEP Status

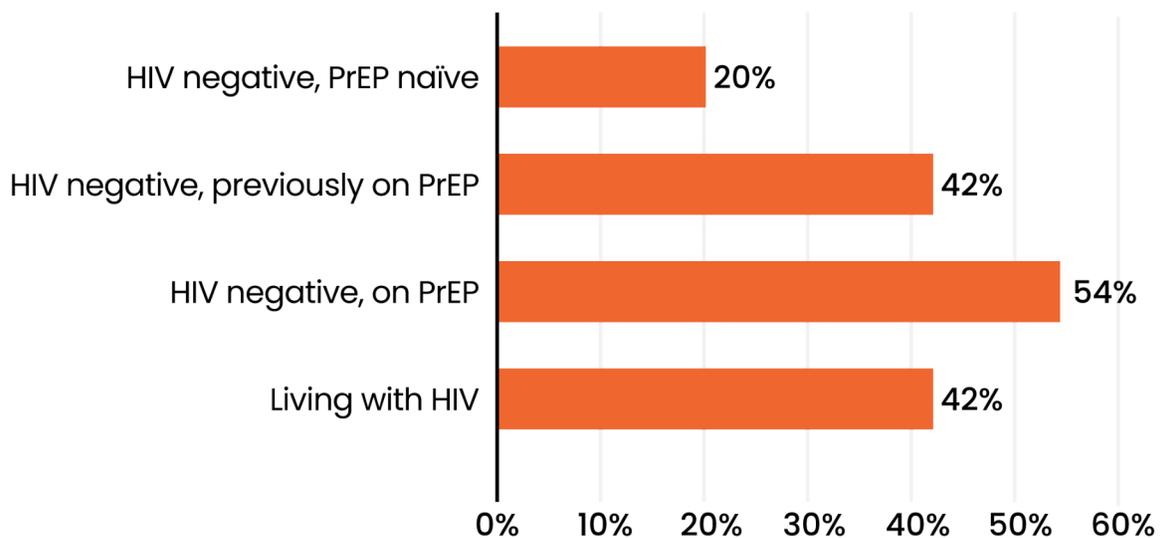


Figure 12: Percentage of participants who were aware of doxy PrEP/PEP by HIV and PrEP status

The results also varied by education level, with almost two-fifths of participants with a university degree or higher reporting being aware of doxy PrEP/PEP (38%), compared with less than one-third of participants who had less than a completed university degree (29%). In terms of age, participants who were 60 or older (14%) or 15-19 years old (21%) were least likely to report knowing about doxy PrEP/PEP while participants who were 30-39 years old (46%) were most likely to be aware (Figure 13).

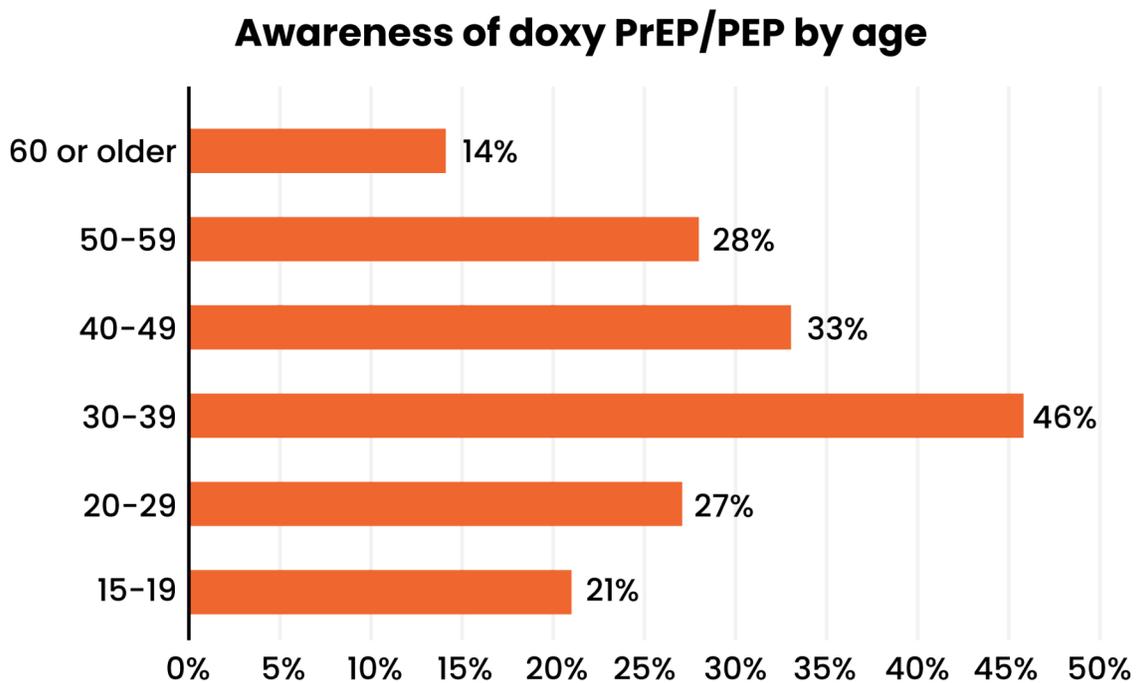


Figure 13: Percentage of people who were aware of doxy PrEP/PEP by age group

Additionally, participants who were satisfied with their connection to 2S/LGBTQQIA+ communities (39%) were more likely to report they already knew about doxy PrEP/PEP compared with participants who were not satisfied with connection to 2S/LGBTQQIA+ communities or unsure (26%) (Figure 14).

Awareness of doxy PrEP/PEP by community satisfaction

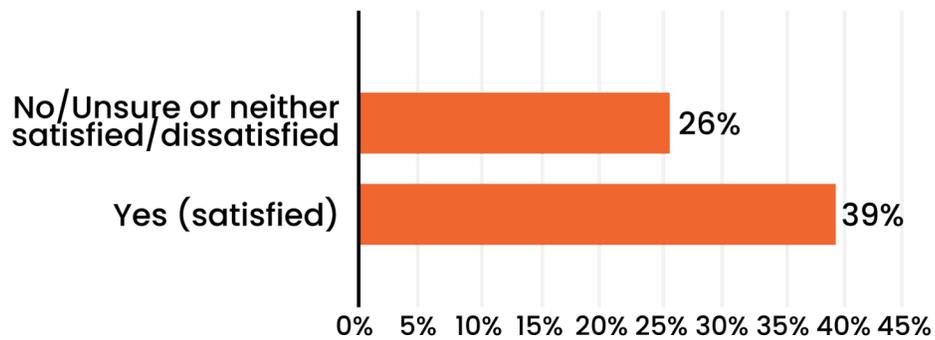


Figure 14: Percentage of people who were aware of doxy PrEP/PEP by satisfaction with connection to 2S/LGBTQQIA+ communities

Ever taken doxy PrEP/PEP to reduce the risk of getting syphilis and chlamydia

A total of 555 participants responded to the question about whether they had ever taken doxy PrEP/PEP to reduce the risk of getting syphilis or chlamydia. Overall, less than one in ten participants reported having ever taken doxy PrEP/PEP (9%) (Figure 15).

Ever taken doxy PrEP/PEP to reduce risk of getting syphilis/chlamydia among Albertan respondents in Sex Now 2022 and Sex Now 2024 (N=555)



Figure 15: Ever taken doxy PrEP/PEP to reduce risk of getting syphilis/chlamydia

Differences emerged across demographic groups: Two-Spirit participants and gay participants were more likely to have ever taken doxy PrEP/PEP (19% and 12%, respectively), compared with queer (6%) and bisexual participants (4%). None of the trans men participants reported having ever taken doxy PrEP/PEP, compared with 11% of participants who identified as men and 5% of non-binary participants. In terms of age groups, participants who were 30–39 years old (16%) were most likely to report having ever taken doxy PrEP/PEP while participants who were 15–19 years old (3%) were least likely to do so. Looking at HIV and PrEP status, participants who were HIV-negative and currently taking PrEP were most likely to have ever taken doxy PrEP/PEP (26%), followed by participants living with HIV (22%), participants who were HIV-negative and had taken PrEP but stopped (10%), and participants who were HIV-negative and had never taken PrEP (2%) (Figure 16).

Percentage of participants who have ever taken doxy PrEP/PEP by HIV and PrEP status

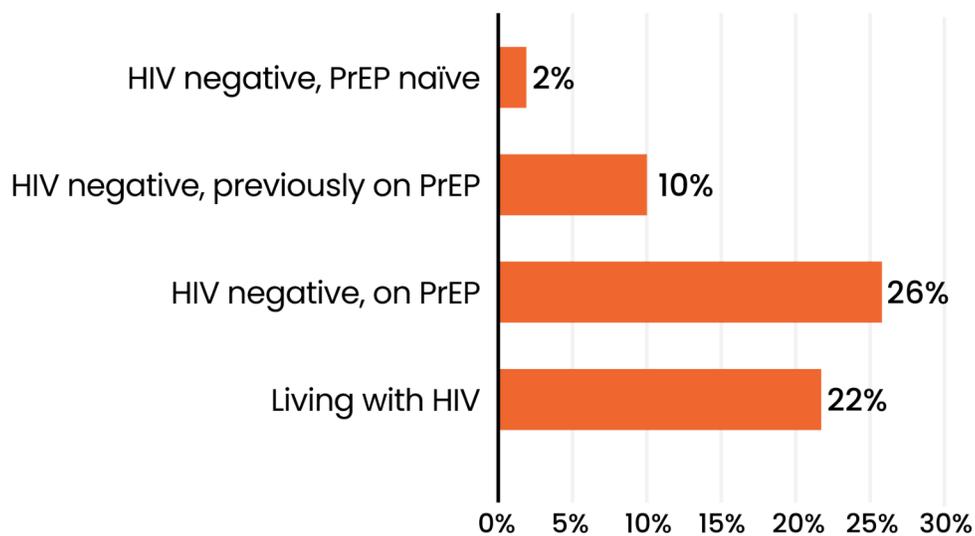


Figure 16: Percentage of participants who have ever taken doxy PrEP/PEP by HIV and PrEP status

Interest in taking doxy PrEP/PEP

A total of 511 Sex Now 2022 (in-person) and Sex Now 2024 (online) participants who had not previously taken doxy PrEP/PEP answered a question about interest in taking doxy PrEP/PEP. Overall, two-fifths of participants reported having an interest in taking doxy PrEP/PEP (40%) while more than a quarter reported not having an interest in taking doxy PrEP/PEP (28%) and about one-third were unsure (32%) (Figure 17).

Interest in taking doxy PrEP/PEP among Albertan respondents in Sex Now 2022 and Sex Now 2024 (N=511)

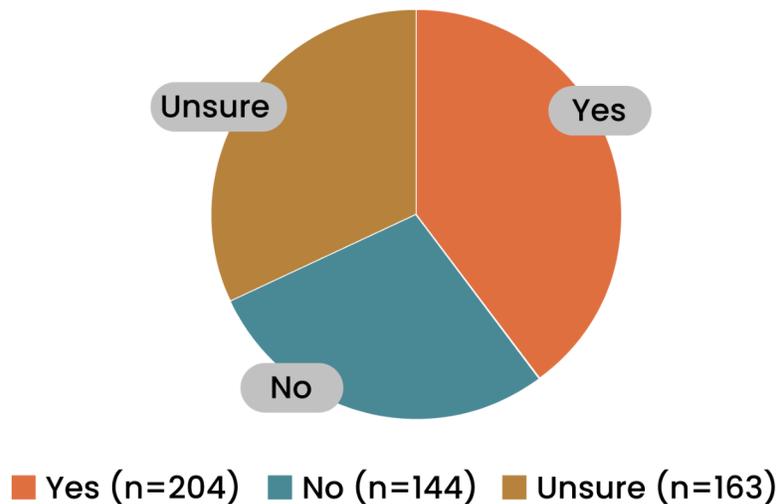


Figure 17: Interest in taking doxy PrEP/PEP

Reported interest was higher among participants who identified as gay (47%), queer (46%), and men (47%) and lower among participants who identified as trans men (27%). Participants who completed at least a university degree education (46%) were more likely to report having interest in taking doxy PrEP/PEP, compared with participants with less education (38%). When looking at the results by HIV and PrEP status, participants who were HIV-negative and currently using PrEP (69%) were most likely to report having an interest in taking doxy PrEP/PEP, followed by participants living with HIV (56%), then participants who were HIV-negative and had taken PrEP but stopped (52%), and then participants who were HIV-negative and had never taken PrEP (30%) (Figure 18).

Percentage of participants who were interested in taking doxy PrEP/PEP by HIV and PrEP status

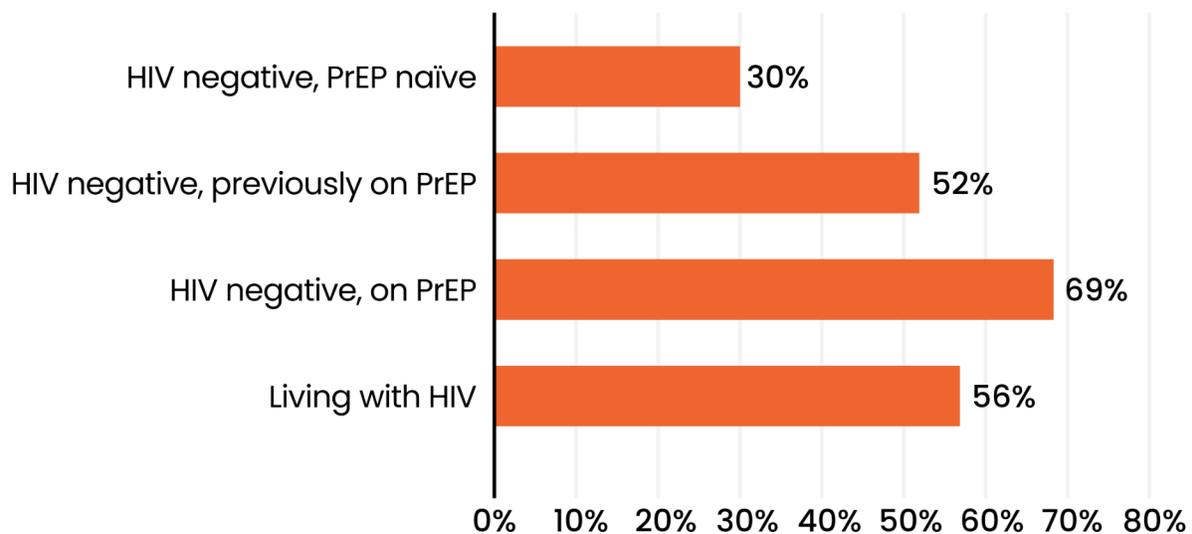


Figure 18: Percentage of participants who were interested in taking doxy PrEP/PEP by HIV and PrEP status

In terms of age groups, participants who were 40-49 years old were most likely to report having an interest in taking doxy PrEP/PEP (54%) while participants who were 15-19 years old were least likely to report having an interest in taking doxy PrEP/PEP (20%) (Figure 19).

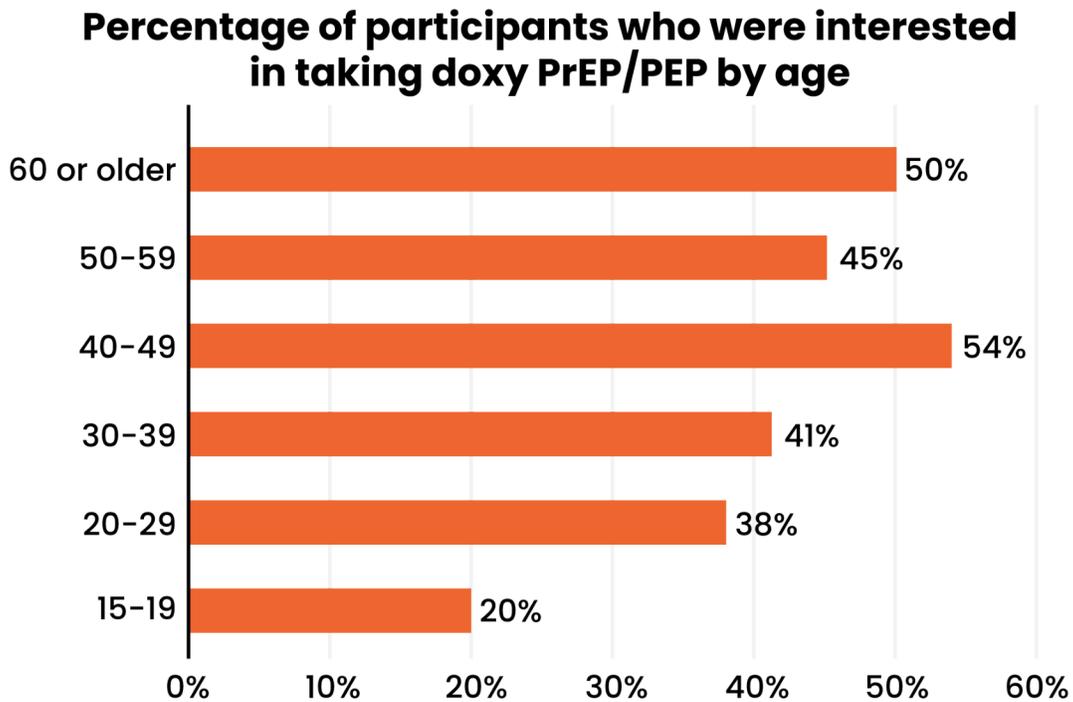


Figure 19: Percentage of participants who were interested in taking doxy PrEP/PEP by age

Comfort discussing doxy PrEP/PEP with healthcare providers

A total of 179 Sex Now 2024 (online) participants responded to a question about comfort discussing doxy PrEP/PEP with their healthcare providers. When participants were asked about their comfort discussing doxy PrEP/PEP with healthcare providers, about two-thirds reported being “very comfortable” or “somewhat comfortable” (66%), about a quarter were “somewhat uncomfortable” or “very uncomfortable” (28%), and 6% were “unsure” (Figure 20).

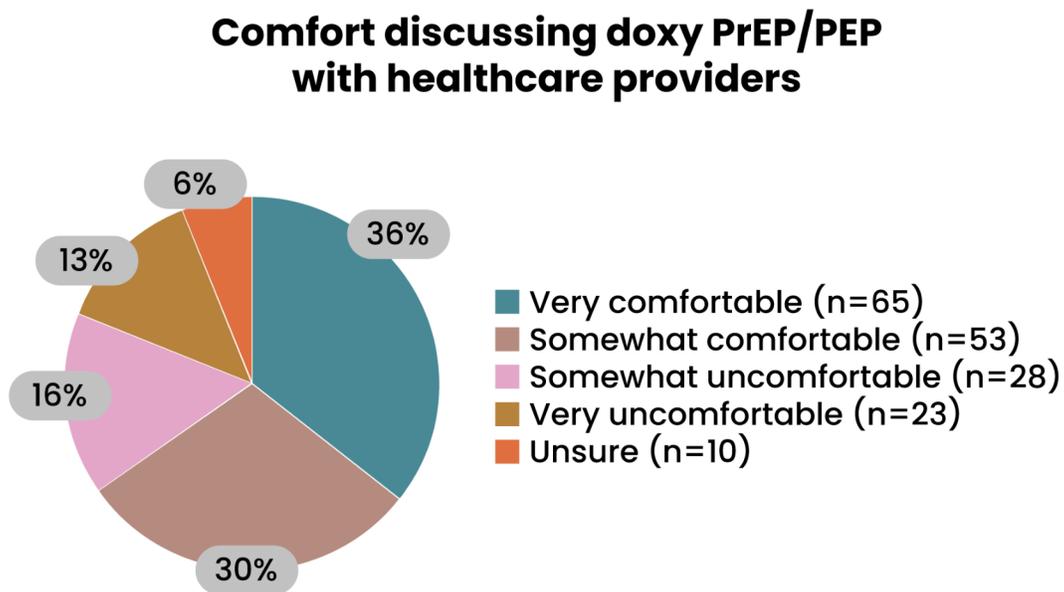


Figure 20: Comfort discussing doxy PrEP/PEP with healthcare providers

Participants who were gay (71%) or queer (71%) were more likely to report being comfortable compared with 49% of bisexual participants. Participants with at least a university degree were more likely to report being comfortable discussing doxy PrEP/PEP with healthcare providers (86%), compared with participants with less education (62%) (Figure 21).

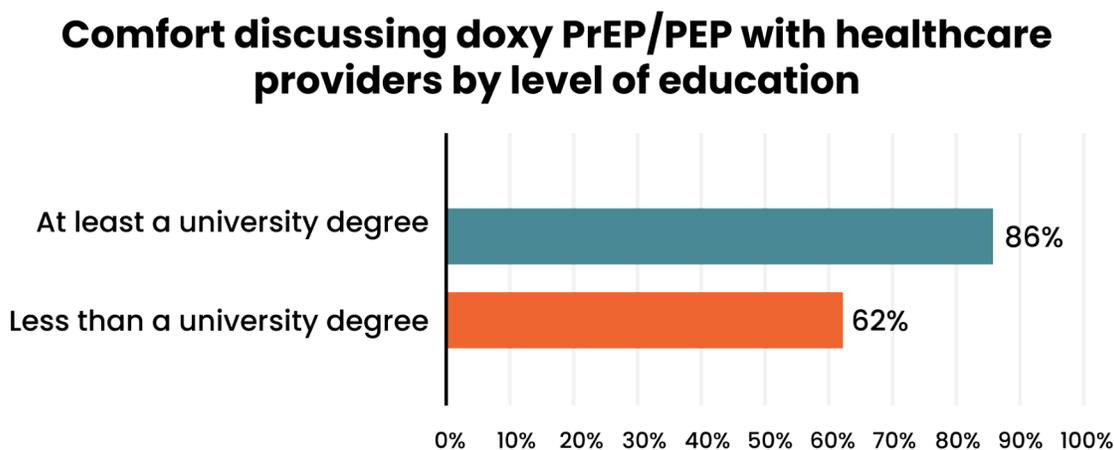


Figure 21: Percentage of participants who were comfortable discussing doxy PrEP/PEP with healthcare providers by level of education

Additionally, the results varied by HIV and PrEP status. Participants living with HIV (93%) were most likely to report being comfortable discussing doxy PrEP/PEP with healthcare providers while participants who were HIV-negative and had never taken PrEP (51%) were least likely to report being comfortable. (Figure 22).

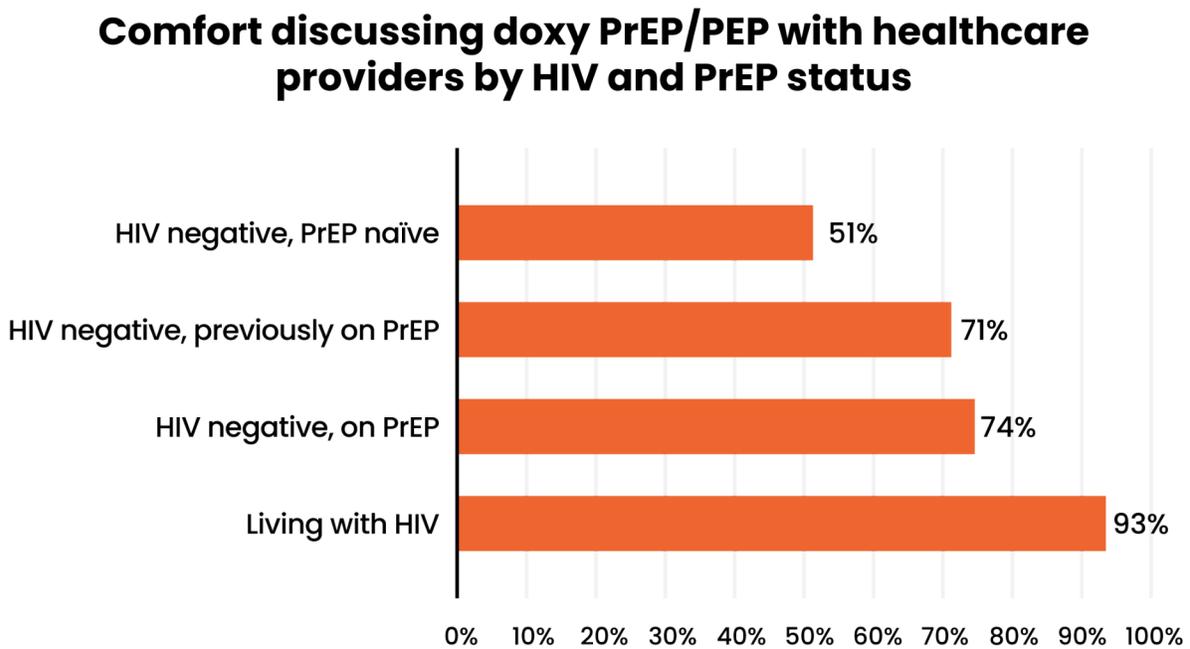


Figure 22: Percentage of participants who were comfortable discussing doxy PrEP/PEP with healthcare providers by HIV and PrEP status

Conclusion

This report highlights lifetime and past-year prevalence of a syphilis infection and recency of STI and syphilis testing for 2S/GBTQ+ people in Alberta, as well as their awareness, use, and interest in doxy PrEP/PEP for STI prevention. The findings indicate that syphilis infection is common among 2S/GBTQ+ people in Alberta, with around one-fifth of 2S/GBTQ+ participants having ever had syphilis (21%) and around 2% of 2S/GBTQ+ participants having had syphilis in the past year. This is similar to the overall proportion of Sex Now 2024 online participants who reported ever having syphilis (20%).

For syphilis testing, almost two-fifths of participants (38%) reported having an STI test in the past 3 months. However, significant testing gaps exist, with more than one-third of trans men participants (38%), about a quarter of bisexual participants (24%), and almost one-fifth of participants with less than a university degree (19%) having never been tested for STIs. Future testing initiatives should seek to engage these currently underreached communities.

In addition to gaps in STI testing, our findings also highlight key inequities in awareness and uptake of doxy PrEP/PEP among Alberta participants. General awareness of doxy PrEP/PEP is still limited among 2S/GBTQ+ people in Alberta, with less than one-third of 2S/GBTQ+ participants being aware of it (31%), underscoring the need for more community education and health promotion related to doxy PrEP/PEP. This is especially true for some subpopulations within 2S/GBTQ+ communities in Alberta, such as those who have never taken PrEP, those without a university degree, and those who are younger who had lower awareness of doxy PrEP/PEP. Given the results, targeted community outreach and education is needed. Notably, 2S/GBTQ+ participants with better connections to 2S/LGBTQ+ communities were more likely to be aware of doxy PrEP/PEP, providing an important foundation for syphilis interventions.

Additionally, less than one-fifth of 2S/GBTQ+ participants in Alberta had ever taken doxy PrEP/PEP, but two-fifths of participants who had never taken doxy PrEP/PEP expressed interest in it. This suggests that there is a large and unmet demand for doxy PrEP/PEP across these communities. Reducing barriers to accessing doxy PrEP/PEP will be essential to improving uptake, beginning with awareness and education (among 2S/GBTQ+ people and their healthcare providers), and could be delivered through Alberta's approved PrEP prescribers and HIV services.

While more than half of 2S/GBTQ+ participants in Alberta expressed comfort discussing doxy PrEP/PEP with their healthcare providers, future work will need to determine the level of awareness and preparedness of providers to discuss, prescribe, and manage doxy PrEP/PEP for their patients. Importantly, several groups of 2S/GBTQ+ were less comfortable discussing doxy PrEP/PEP with their providers, including bisexual people, those without a university degree, and those who have never taken PrEP. To help 2S/GBTQ+ individuals in Alberta, especially those who do not feel comfortable initiating conversations about syphilis, advocacy and education tools that community members can take to their healthcare providers would be useful. Similar tools have previously been developed, including by CBRC's "Investigaytors" program, to improve access to HIV PrEP (19) and CBRC has also recently developed an educational resource for doxy PEP (20). Furthermore, broad syphilis education and guidelines for healthcare providers can also increase 2S/GBTQ+ people's access to doxy PrEP/PEP.

Despite our previously mentioned study limitations, this report offers important insight into 2S/GBTQ+ Albertans' experiences with syphilis, as well as their needs around prevention, testing, and diagnosis. Additionally, our study provides insight on how these experiences differ across various identities and experiences, which should be explored in future studies.

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