

# BC Syphilis Action Plan Refresh, 2023-2025

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March 2023



First Nations Health Authority  
Health through wellness



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## **Acknowledgements**

We would like to acknowledge the many partners that offered their expertise in developing this document: the Community-Based Research Centre, Health Initiative for Men, Pacific AIDS Network, YouthCo, Options for Sexual Health, Eric Eligh, Dr. Malcolm Hedgcock, Dr. Mark Hull, Dr. Rod Knight, and Dr. Sarah Stone.

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## **How to cite this document**

British Columbia Centre for Disease Control (BCCDC). BC Syphilis Action Plan Refresh, March 2023.

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# Introduction

## Syphilis

Syphilis is a sexually transmitted infection (STI), caused by the spirochete bacterium *Treponema pallidum*. Its natural history is well-described, and consists of multiple infectious stages, followed by the development of latency. Untreated, up to one-third of individuals will go on to develop late complications, which may lead to end-organ disease in the brain and other parts of the nervous system, the eyes, the heart and cardiovascular system, the liver, the bones and the joints. Congenital syphilis (transmission of syphilis in utero) is a severe, often debilitating infection and may be fatal.

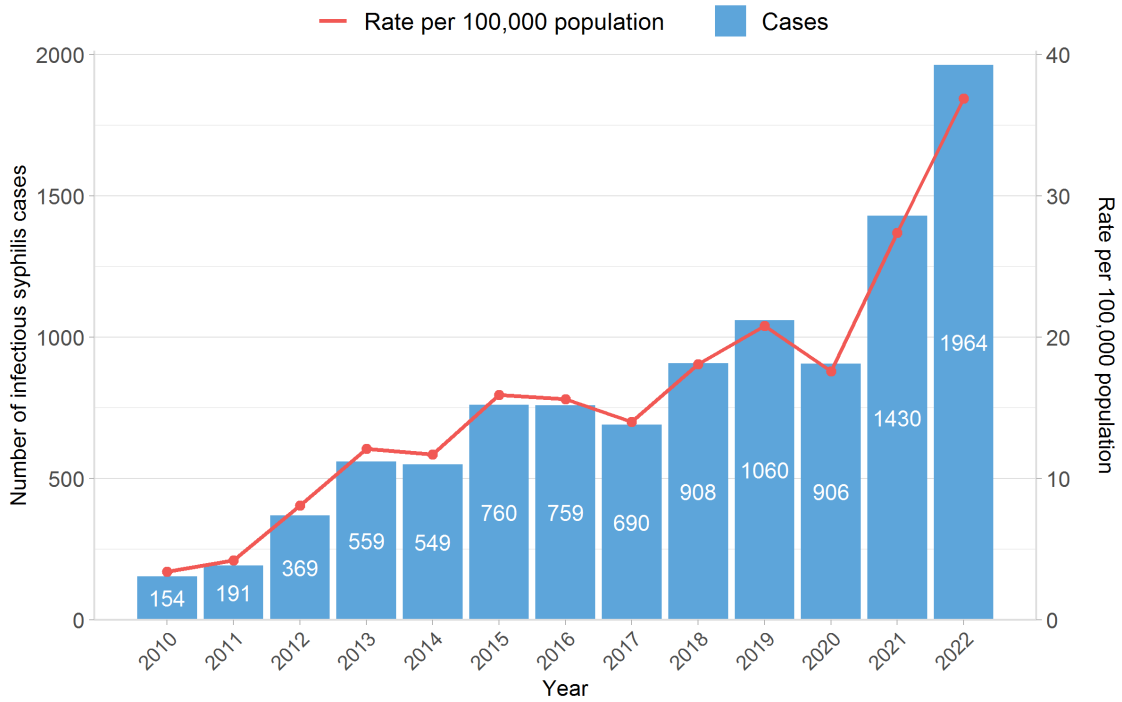
## Rationale

The last decade has seen a steady, significant upsurge in syphilis rates, both nationally and here in B.C. Like many jurisdictions in developed countries around the world, the increase in syphilis cases observed in B.C. is primarily driven by an increase in cases among gay, bisexual and other men who have sex with men (gbMSM). In response to this increase, in 2016, the British Columbia Centre for Disease Control (BCCDC), in collaboration with key stakeholders from all regional health authorities, the First Nations Health Authority (FNHA), Perinatal Services BC, the BCCDC Public Health Laboratory, BC Ministry of Health, Office of the Provincial Health Officer (PHO), community-based organizations, gbMSM-centered clinic providers, and a number of clinical leaders, developed a Syphilis Action Plan to respond to the increase in syphilis.<sup>1</sup> The Provincial Health Services Authority (PHSA) provided one-year of funding to support the implementation of the Syphilis Action Plan.

However, the epidemiology of infectious syphilis in BC has been changing. Infectious syphilis cases among females have increased and in 2019, B.C. reported its first congenital syphilis cases since 2013. Thus, in July 2019, the PHO declared an outbreak of syphilis and requested the BCCDC develop a Syphilis Outbreak Response Committee (SORC) to develop and coordinate the provincial syphilis response. One of the priority activities of the SORC was to refresh the Syphilis Action Plan.

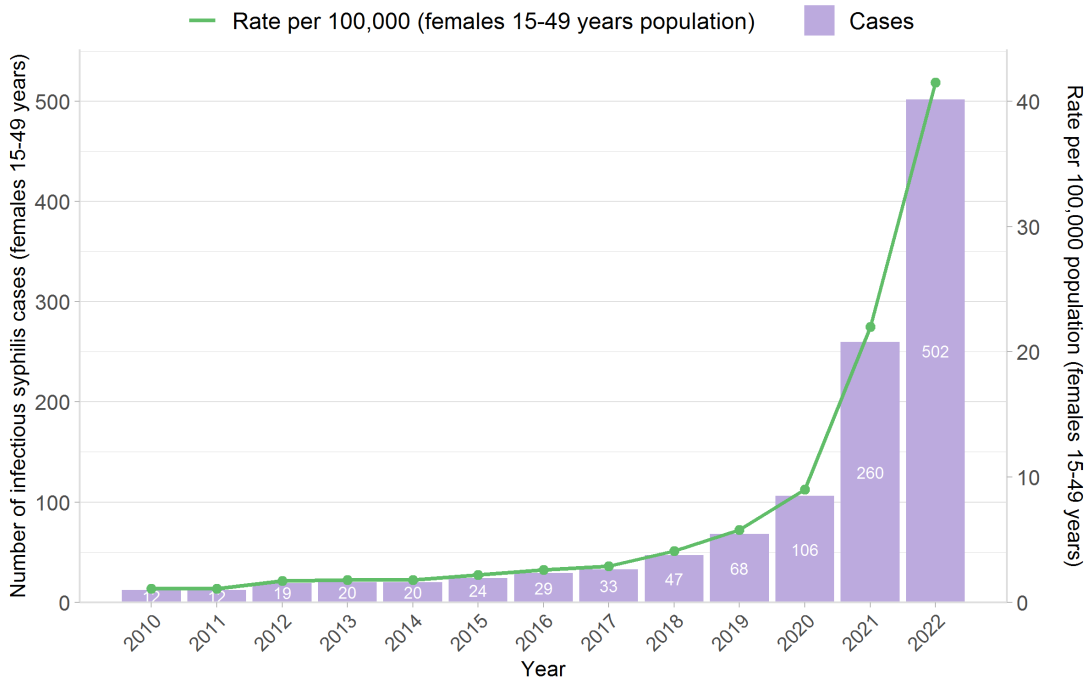
In 2019, the rate of infectious syphilis in BC was 21.1 per 100,000 (1060 cases) which increased to 36.9 per 100,000 in 2022 (1964 cases). For comparison, the rate of infectious syphilis was 3.4 per 100,000 (154 cases) in 2010 (Figure 1). While gbMSM continue to be disproportionately affected by syphilis, the number of infectious syphilis cases among females has increased fifteen-fold from 36 cases in 2017 to 545 cases in 2022. Over 90% of infectious syphilis cases in 2022 are among females of childbearing age (i.e., 15-49 years old) (Figure 2), raising concern about increases in congenital syphilis cases.

**Figure 1. Infectious syphilis case reports and rate in B.C., 2010-2022**



*Note: 2018 to 2022 case counts are preliminary data and subject to change.*

**Figure 2. Infectious syphilis case reports and rate in B.C. among females 15-49 years, 2010-2022**



*Note: 2018 to 2021 case counts are preliminary data and subject to change. The number of infectious syphilis cases “Females 15-49 years” includes people of all genders who were assigned female at birth. The rate per 100,000 population uses the BC population data of people of female sex aged 15-49 years.*

# Approach

## Syphilis Outbreak Response Committee

The Syphilis Outbreak Response Committee (SORC) was developed in 2019 to coordinate the provincial syphilis response and met quarterly. The SORC included representatives from:

- All five regional health authorities,
- First Nations Health Authority,
- BC Women’s Hospital (BCWH),
- Perinatal Services BC (PSBC),
- BC Centre for Disease Control (BCCDC),
- BCCDC Public Health Laboratory (PHL),
- Office of the Provincial Health Officer (OPHO),
- BC Ministry of Health (MoH),
- BC Centre for Excellence in HIV/AIDS (BC-CfE),
- Community providers (Spectrum Health and Options for Sexual Health), and
- Community organizations (Health Initiative for Men and Positive Living BC).

The SORC reported to the Provincial Health Officer. The Syphilis Action Plan Refresh Working Group was developed under the Syphilis Outbreak Response Committee to steer the Syphilis Action Plan Refresh. Members of this working group are included in the [Appendix](#).

A group of Provincial Health Services Authority (PHSA) Syphilis Outbreak Response Working Group, composed of representatives from BCCDC, BCCDC PHL, PSBC, and BCWH met monthly to plan and advance the syphilis response effort.

## Stakeholder Input

To refresh the Syphilis Action Plan, a number of stakeholders were consulted between December 2019 and January 2020 to develop the conceptual framework, as well as to understand priorities and gaps in the current management and prevention of syphilis. These stakeholders were representatives from:

- All five regional health authorities,
- First Nations Health Authority,
- Health care providers caring for people affected by syphilis, including clinicians working with gbMSM and youths,
- PHSA Correctional Health Services,
- BCCDC Public Health Laboratory, syphilis nurses, and Chee Mamuk program,

- 2SGBTQ+ and HIV Working Group (formerly known as the Gay Men’s Working Group), a working group of the STOP HIV/AIDS Collaborative Implementation Committee,
- Community organizations,
- People affected by syphilis, and
- Researchers

The following describes the themes identified through the stakeholder engagement.

### **Individual Level Factors**

There was acknowledgement that **syphilis knowledge** varies by subpopulations. Generally, gbMSM expressed awareness of but also apathy towards syphilis. There was also an awareness of syphilis pre- and post-exposure prophylaxis (PrEP and PEP, respectively) and in fact, several gbMSM providers mentioned they are being asked to prescribe doxycycline for these purposes. However, other subpopulations and their providers were not aware of the increases in syphilis. A suggested intervention was education for people who may not consider themselves at risk for syphilis (e.g., recent immigrants) and providers who care for these groups. Further, education for providers on testing, diagnosing and managing syphilis (including availability of publicly-funded treatment) could help improve capacity for syphilis care provincially. Some ideas to build capacity for syphilis care were to partner with schools (e.g., medical and nursing schools) to improve STI knowledge and skills, and design online education course regarding components of STI care that fall within nursing scope of practice (i.e., do not require STI certification).

Many participants felt that any marketing campaigns about syphilis should be tailored to populations affected by syphilis (i.e., youths, heterosexual people) other than gbMSM. Anti-stigma campaigns for the public and providers would also be beneficial and could leverage other campaigns underway, such as for drug-related harms.

### **Behavioural and Biological Factors**

**Substance use**, especially crystal meth, was reported to be common among gbMSM and may be used for a variety of reasons, such as party and play or as coping mechanisms. Specifically, a challenge with crystal meth use is that there are few harm reduction strategies or rehabilitation options, and many people use crystal meth without any issues. Nevertheless, expansion of sexual health clinics to support people who use substances is an opportunity, such as education for nurses or other providers to screen for substance use and integrating sexual health care within services for mental health and substance use.

Contingency management, a behavioural therapy in which individuals are rewarded for evidence of positive behavioural change, is used to treat substance use disorders and was suggested as a potential model to support syphilis prevention behaviours.

Many participants, such as people working in the sex trade, people in correctional facilities, and immigrants/newcomers, described the lack of knowledge about syphilis prevalence as a key gap. Increasing **syphilis testing** among these key groups would help address this gap. Notably, some groups, like people living with HIV (PLHIV) and people using HIV PrEP, are regularly testing for syphilis. Nevertheless, there was support to improve the accessibility of syphilis testing through expansion of GetCheckedOnline, increasing offers of testing for people who are turned away from STI clinics, exploration of point-of-care testing, inclusion of syphilis as part of testing for other sexually transmitted and blood-borne infections (STIBBIs) and opt-out testing strategies.

### **Community and Relationship Factors**

Current guidance regarding syphilis screening is generally based on assumptions of risk and it was commented that providers may not routinely ask about sexual behaviour or may not ask in a culturally safe way. In addition, clients may not feel comfortable disclosing sexual behaviour, particularly in small communities or without first developing a **relationship with their health care provider**. Outreach, if consistent, may be a client-centric strategy to engage with clients at sites that are more familiar and comfortable for clients and facilitate rapport building.

Improving the **relationships between public health and primary care**, such as through increased collaborations with the Divisions of Family Practices and leveraging other public health connections with primary care (e.g., maternal health, HIV PrEP) may support capacity for syphilis prevention and treatment. It was noted that some clients may have a family physician but prefer to access care at STI-focused clinics. Therefore, there is a need to maintain funding for these services throughout the province. Importantly, some clients, particularly those that are marginalized or do not have a family physician, utilize alternative pathways for care, such as urgent care centres and emergency departments.

Understanding **sexual networks**, particularly the linkages between gbMSM and heterosexual populations, was emphasized. Partnering with people who connect others, such as sex party organizers or hosts, to offer harm reduction interventions (e.g., doxycycline packs) was one idea to intervene at the network level. Syphilis sequencing and/or typing may also be helpful to identify and understand transmission dynamics and clustering.

Feedback about **partner notification** revealed that there was some misunderstanding, particularly among people affected by syphilis, about who can complete the notification and what happens with



the information shared. There were questions about whether hook-up or dating app developers would be willing to help support partner notification either through an embedded partner notification tool or keeping contact information to notify partners. From the health care system, improving communication between BCCDC, regional health authorities and local health providers could help support partner care. Descriptive text leading into another sample list:

### **Societal and structural factors**

Housing was one of the **social determinants** highlighted throughout the consultations. Women, in particular, were thought to be sensitive to unstable housing. Understanding the social and contextual factors for people diagnosed with syphilis may be a first step. Offering or referral for other supports, such as social workers or psychologists, could benefit those at risk for syphilis (including but not limited to women).

Establishing ongoing **relationships with Indigenous communities (First Nations, Métis, and Inuit)** and ensuring access to culturally safe care are important steps towards reconciliation. This approach should include Indigenous peoples living outside their home community, such as in urban centres. For example, one organization spoke about how land-based activities were needed to build trust and facilitate conversations about STIBBIs.

Framing syphilis within the broader context of **sexual health** was a key theme, with support for sex-positive messaging and avoidance of fear-based messages. Multiple participants referred to the consultations held to develop a provincial sexual health strategy and how this action plan complements that work.

### **Impact of COVID-19**

The Syphilis Action Plan Refresh was drafted in March 2020, just prior to the declaration of the COVID-19 pandemic, and work needed to finalize the Syphilis Action Plan Refresh was paused. As public health capacity was needed to focus on the COVID-19 pandemic, the Provincial Health Officer suspended the Syphilis Outbreak Response Committee (SORC). The PHSA Syphilis Outbreak Response Working Group continued to meet monthly to work on syphilis prevention and control, although capacity within the group was limited due to COVID-19 priorities.

With the suspension of the SORC, the STIBBI Task Group continued to advance the Syphilis Action Plan Refresh. The STIBBI Task Group is a subcommittee of the Communicable Disease Policy Advisory Committee (CDPAC) and includes medical and nursing leads in all regional health authorities and First

Nations Health Authority, as well as representatives from the Ministry of Health, BCCDC and BCCDC Public Health Laboratory.

In February 2022, there was a call-out for volunteers from the STIBBI Task Group and additional partners to review the Syphilis Action Plan Refresh. Stakeholders who are not members of the STIBBI Task Group, including community organizations, health care providers, and members of the Provincial Health Services Authority (PHSA) Syphilis Outbreak Response Working Group, were also invited to review the draft Syphilis Action Plan Refresh and provide feedback. The final Syphilis Action Plan Refresh was brought to the STIBBI Task Group for approval in Sept 2022.

In January 2023, the CDPAC requested that the SORC be re-formed. The SORC held its first meeting in March 2023 since the start of the COVID-19 pandemic and is now meeting monthly.

# Framework

## Guiding Principles

The Syphilis Action Plan Refresh is informed by the following principles:

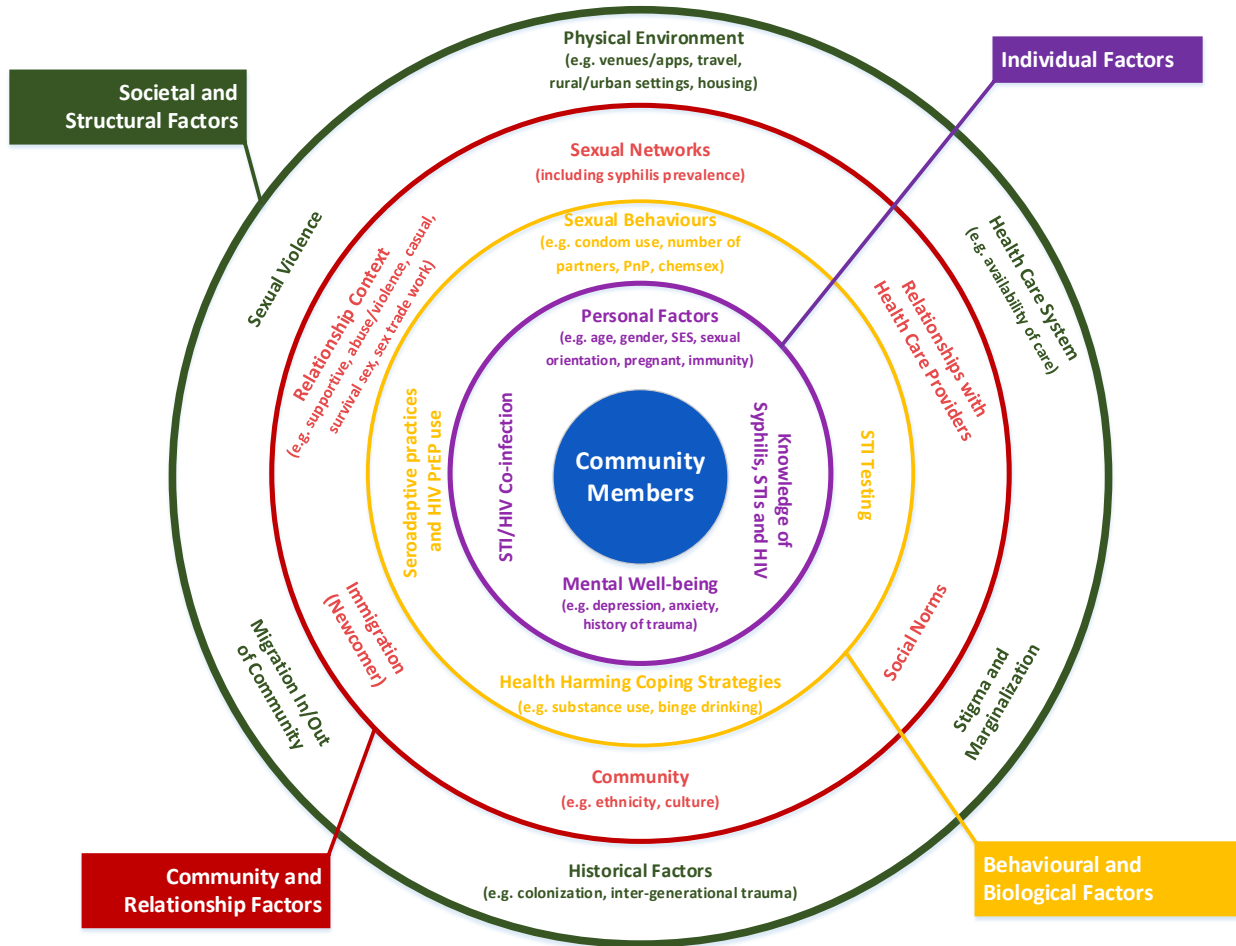
- Application of a health equity lens
- Recognition and support for Indigenous approaches to sexual health
- Meaningful engagement of people affected by syphilis
- Integrated approach to address syndemics
- Support for local, regional, and provincial priorities

## Conceptual Framework for Syphilis Control

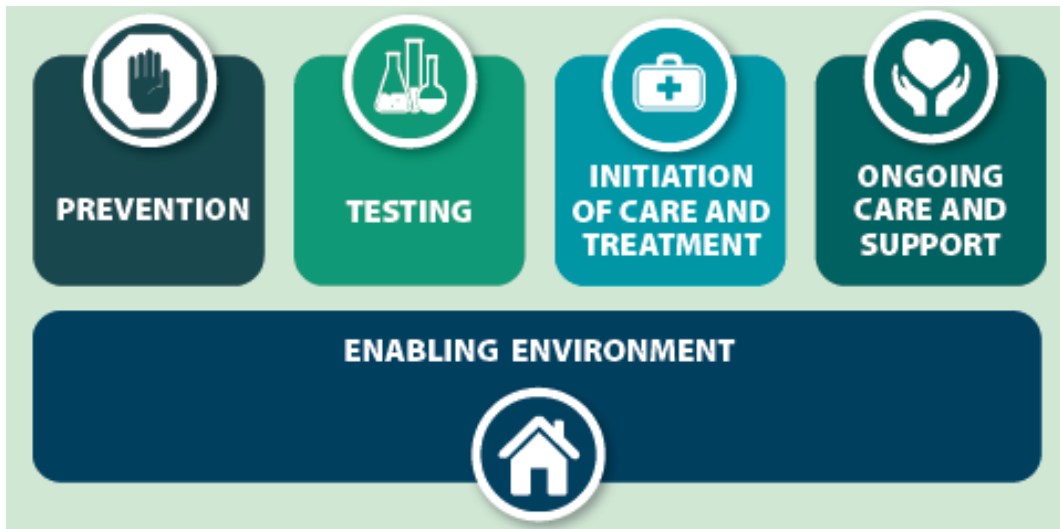
To refresh the Syphilis Action Plan, a conceptual framework was developed based on the social-ecological model (Figure 3), informed by the stakeholder consultations. This model was adopted due to its capacity to describe the interplay between individual, behavioural, community and societal factors, and can help articulate the range of factors that put people at risk for or protect them from syphilis infection. The nesting circles in the model illustrate how the factors at one level affect factors at another level.

The Syphilis Action Plan refresh is complemented by the Pan-Canadian Sexually Transmitted and Bloodborne Infections (STBBI) Framework for Action (“Pan-Canadian Framework”) which aims to reduce the impact of STBBI.<sup>ii</sup> The Pan-Canadian Framework describes four pillars that span the continuum of care: prevention, testing, initiation of care and treatment, and ongoing care and support. Additionally, the Pan-Canadian Framework highlights the importance of an enabling environment for STBBI programs, policies and actions to be successful (Figure 4).

**Figure 3. Conceptual framework for Syphilis Action Plan refresh**



**Figure 4. Pillars of the Pan-Canadian Framework (PHAC, 2018)<sup>ii</sup>**



## Aims and Goals

Aligned with the Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021,<sup>iii</sup> we envision zero new syphilis infections, zero syphilis-related complications and deaths (including zero congenital syphilis cases), and zero discrimination in BC where all residents have free and easy access to syphilis prevention and treatment services, resulting in people able to live long and healthy lives.

Given the rapid rise of infectious syphilis in recent years, we aim for the incidence of syphilis to remain at the current rate in BC (i.e., 27.4 per 100,000 as in 2021) and have zero cases of congenital syphilis reported in BC by 2025.

Based on the current epidemiology of syphilis, activities are focused on subpopulations at higher risk of serious complications of syphilis (e.g. pregnant individuals) and subpopulations disproportionately affected by syphilis (e.g. gbMSM, newcomers to Canada, people in corrections). Recognizing that Indigenous peoples have and continue to face inequities related to colonization and systemic racism, as recently highlighted in the In Plain Sight report,<sup>iv</sup> there is a need to work towards ensuring access to culturally safe, non-stigmatizing and judgement-free sexual health care across BC.

The goals of the Syphilis Action Plan Refresh are to:

1. [Engage with key communities](#)
2. [Improve understanding of the drivers of syphilis](#)
3. [Develop novel primary prevention strategies](#)
4. [Increase awareness of syphilis and sexual wellbeing](#)
5. [Increase testing for syphilis](#)
6. [Improve access to culturally safe care for syphilis](#)
7. [Optimize the care of partners](#)
8. [Enhance surveillance of syphilis](#)

Given the long latency of syphilis, this Syphilis Action Plan Refresh is intended to be implemented over 3-years.

## Goal 1: Engage with Key Communities

### Objective

- Develop mechanisms to engage with key communities to inform sexual health services, including syphilis prevention and control strategies

### Activities

#### 1. Engage with community-based Indigenous organizations serving urban Indigenous populations

**Leads:** BCCDC STI/HIV Services, OPHO, MoH, FNHA

**Description:**

- Develop relationships with community-based Indigenous organizations

#### 2. Develop a provincial community advisory group to inform sexual health services, including syphilis control strategies

**Lead:** BCCDC STI/HIV Services

**Description:**

- Recruit people with diverse lived and living experiences to join a provincial community advisory group to inform STI services and knowledge translation
- Secure funds to recognize group members' contribution

## Goal 2: Improve understanding of the drivers of syphilis

### Objectives

- Develop a provincial framework to advance sexual health
- Increase understanding of the contextual factors of syphilis using syndemics and sexual health approaches

### Activities

#### 1. Develop a provincial framework to advance sexual health that centres Indigenous priorities and perspectives about sexual health

**Leads:** MoH, BCCDC, RHAs, FNHA

**Description:**

- Work with public health and community partners to develop a sexual health strategy
- Work with Indigenous communities to develop a sexual health framework that supports Indigenous approaches to and understanding of sexual health

#### 2. Increase capacity to screen for substance use and mental health

**Leads:** BCCDC STI/HIV Services, BCCDC CPS Education, PSBC, RHAs

**Description:**

- Engage with researchers on opportunities for integration of mental health and substance use care within sexual health clinical settings
- Develop and/or adapt tools to screen for substance use and mental health issues utilizing a trauma-informed practice approach
- Provide education to providers at public health-operated clinics to utilize these tools
- Develop pathways to support individuals who may benefit from substance use and mental health resources

#### 3. Characterize women diagnosed with syphilis using a syndemics lens to better understand co-occurring social and competing factors.

**Leads:** BCCDC STI/HIV Services, BCCDC CPS Epidemiology & Surveillance, BCWH

**Description:**

- Assess factors that may lead to vulnerabilities to syphilis, such as mental health, substance use, and housing instability

## Goal 3: Develop novel primary prevention strategies

### Objective

- Explore biomedical approaches to prevent syphilis

### Activities

#### 1. Evaluate pre-exposure prophylaxis to prevent syphilis using daily doxycycline among gbMSM.

**Lead:** BCCDC CPS Research

**Description:**

- Evaluate an intervention of daily doxycycline pre-exposure prophylaxis for the prevention of syphilis, including potential impact on community antimicrobial resistance

#### 2. Research post-exposure prophylaxis to prevent syphilis using doxycycline among gbMSM.

**Lead:** BCCDC CPS Research

**Description:**

- Research post-exposure prophylaxis in B.C. for the prevention of syphilis, including potential impact on community antimicrobial resistance

#### 3. Identify research priorities for biomedical approaches to syphilis prevention.

**Lead:** BCCDC CPS Research

**Description:**

- Develop collaborations with researchers working in syphilis prevention, such as vaccine development



## Goal 4: Increase awareness of syphilis and sexual wellbeing

### Objectives

- Increase awareness of the epidemiology and clinical presentation of syphilis among community providers
- Improve comfort discussing sexual health among community providers

### Activities

**1. Raise awareness for syphilis among providers, particularly providers caring for gbMSM, pregnant individuals, immigrants/newcomers, and people who use substances.**

**Leads:** BCCDC CPS Education, BCCDC CPS Epidemiology & Surveillance, BCWH, PSBC

**Description:**

- Publish articles to highlight the changing epidemiology and screening recommendations, including as part of pre-conception care
- Present to community providers through key conferences, such as the BC Women's conference, St. Paul's Continuing Medical Education Conference for Primary Care Physicians, and Options for Sexual Health conference
- Work with community providers to develop an electronic resource in the Pathways program

**2. Improve cultural safety among providers and comfort in discussing sexual health, particularly for those caring for gbMSM, people of childbearing age, immigrants and newcomers, people who use substances, and people in corrections.**

**Leads:** BCCDC CPS Education, RHAs

**Description:**

- Develop continuing medical education (CME) courses
- Work with health care professional schools (e.g. medical schools) to support cultural safety and sexual health training
- Work with Division of Family Practice, acute services (e.g. emergency departments), and clinics serving immigrants and newcomers on opportunities to improve sexual health literacy
- Present to community providers on strategies to improve comfort in discussing sexual health issues
- Collaborate with Correctional Health Services to develop online courses to improve awareness of STIBBIs and capacity for STIBBI care among staff working in corrections

**3. Develop partnerships with maternal and women’s health care groups within public health to increase awareness of syphilis**

**Leads:** PSBC, RHAs, MoH, BCWH

**Description:**

- Leverage existing networks and community partners, such as BC Association of Pregnancy Outreach Programs, to raise awareness of syphilis and prevention
- Raise awareness of syphilis among perinatal programs supported by public health, such as Best Beginnings and the Nurse Family Partnership
- Develop care pathways between maternal/child health and sexual health

## Goal 5: Increase access to syphilis testing

### Objectives

- Improve accessibility of syphilis testing to people at risk for syphilis
- Pilot and implement novel tools to increase syphilis testing among people at risk for syphilis
- Promote syphilis testing among providers

### Activities

#### 1. Validate and implement point-of-care and/or dried blood spot testing for syphilis for marginalized and hard-to-reach populations.

**Leads:** BCCDC PHL, RHAs

**Description:**

- Acquire and validate syphilis point-of-care tests
- Validate dried blood spot tests to diagnose syphilis
- Work with RHA outreach partners to pilot among hard-to-reach populations and populations where access to serology testing may be limited, such as rural and remote communities.

#### 2. Evaluate the yield for asymptomatic PCR screening for syphilis among gbMSM and explore expansion to women at risk for syphilis.

**Leads:** BCCDC PHL, BCCDC STI/HIV Services

**Description:**

- Evaluate the use of PCR for asymptomatic screening among key populations

#### 3. Promote PCR testing for syphilis to providers.

**Leads:** BCCDC PHL, BCCDC STI/HIV Services

**Description:**

- Describe how PCR testing may be used to detect syphilis
- Increase awareness of use of PCR testing to detect syphilis
- Integrate reflex testing for syphilis when testing for lesions

#### 4. Increase engagement with women who are marginalized.

**Leads:** BCCDC STI/HIV Services, RHAs

**Description:**

- Increase capacity for outreach to increase syphilis testing and treatment completion for individuals who are challenged utilizing mainstream options
- Develop a case management approach for syphilis care

- Engage with Mental Health and Substance Use teams, OPS, and iOAT clinics to support syphilis testing and treatment
- Support a community of practice to share learnings and knowledge exchange, such as leveraging existing provincial tables

#### **5. Promote syphilis testing.**

**Leads:** MoH, RHAs

**Description:**

- Add syphilis testing to the standard laboratory requisition form as a reminder for syphilis testing
- Promote syphilis testing during pre-conception planning
- Promote and evaluate co-testing for syphilis with other STIs

#### **6. Provide patients with access to their syphilis test results.**

**Leads:** MoH, BCCDC PHL

**Description:**

- Provide patients with ability to access their syphilis test results and interpretation of test results

#### **7. Develop provincial syphilis screening guidelines for non-pregnant individuals in collaboration with partners.**

**Lead:** BCCDC STI/HIV Services

**Description:**

- Work with partners to conduct a systematic review to develop syphilis screening guidelines in the BC context

## Goal 6: Improve access to culturally safe care for syphilis

### Objectives

- Increase capacity among community providers for syphilis diagnosis and care
- Ensure all people diagnosed with syphilis are treated appropriately and in a timely manner

### Activities

#### 1. Develop service maps with each RHA to support timely treatment.

**Leads:** BCCDC STI/HIV Services, RHAs

**Description:**

- Document care pathways for clients diagnosed with syphilis, particularly for intensive case management
- Develop workflows to ensure new diagnoses are followed up by public health for treatment and partner care

#### 2. Increase capacity for syphilis diagnosis and management among providers, particularly providers providing mental health and substance use care.

**Leads:** BCCDC CPS Education, RHAs, PSBC, BCWH, BCCDC PHL

**Description:**

- Identify urgent care and emergency care provider champions to promote testing and treatment for syphilis, including pregnant individuals to capture people who may not be accessing prenatal care
- Develop continuing medical education (CME) courses, such as a course for providers in corrections around STI care and understanding of resources available to support their practice
- Educate providers on when and how to test for syphilis, such as by expanding access to STI Certified Practice course
- Work with Division of Family Practice to improve comfort diagnosing and managing syphilis, including as part of pre-conception care
- Engage with Provincial Perinatal Substance Use Project to raise awareness of syphilis and syphilis testing

#### 3. Develop a network of syphilis treatment providers to support referrals.

**Leads:** BCCDC CPS Education, RHAs, FNHA

**Description:**

- Identify providers in all health authorities who can provide treatment and care for people infected with syphilis

- Ensure providers have timely access to syphilis treatment

#### **4. Identify and address inequities in treatment access and timeliness.**

**Leads:** BCCDC CPS Epidemiology & Surveillance, RHAs

**Description:**

- Characterize differences in completion rates and time to treatment among different subpopulations

#### **5. Support empiric treatment for individuals at higher risk for syphilis.**

**Lead:** BCCDC STI/HIV Services

**Description:**

- Build on previous work in requesting medical delegation to enable nurses for immediate treatment of primary and secondary syphilis working in communities where infection/transmission is high

## Goal 7: Optimize the care of partners and improve understanding of networks

### Objectives

- Engage with partners of people diagnosed with syphilis to ensure timely testing and/or treatment
- Improve understanding of transmission dynamics to inform prioritization of public health efforts

### Activities

#### 1. Develop guidelines on syphilis partner notification and resources/tools to enable clients to notify their own partners.

**Leads:** BCCDC STI/HIV Services, BCCDC CPS Education

**Description:**

- Document standards for syphilis partner notification
- Explore digital tools and automated processes for partner notification

#### 2. Develop capabilities to type syphilis in order to understand transmission dynamics.

**Lead:** BCCDC PHL

**Description:**

- Assess differences in syphilis types by subpopulations (e.g., gbMSM vs. heterosexual populations) and by geography (e.g., regionally and globally)

## Goal 8: Enhance surveillance of syphilis

### Objectives

- Monitor the burden of syphilis among different subpopulations in BC
- Utilize a syndemics lens to understand the context of syphilis infection

### Activities

#### 1. Evaluate the impact of the interim syphilis screening guidelines for pregnant individuals.

**Leads:** BCCDC CPS Epidemiology & Surveillance, PSBC, PHSA DARE

**Description:**

- Evaluate the interim syphilis screening guidelines
- Re-convene an expert group to review the interim syphilis screening guidelines

#### 2. Estimate the prevalence of syphilis among people in corrections.

**Leads:** BCCDC CPS Epidemiology & Surveillance, PHSA CHS, PHSA DARE

**Description:**

- Develop a linkage with Correctional Health Numbers to understand testing patterns for and prevalence of syphilis among people in corrections

#### 3. Understand syphilis testing patterns, yield and estimate incidence of syphilis.

**Leads:** BCCDC CPS Epidemiology & Surveillance, BCCDC PHL, PSBC, PHSA DARE

**Description:**

- Characterize syphilis testing patterns and yield among subpopulations, including by sex, region, age group to inform testing guidance
- Develop a flag for pregnant individuals to assess the proportion of deliveries in BC who had a first trimester screen for syphilis
- Examine the yield of additional screening for syphilis during pregnancy
- Estimate incidence of syphilis among subpopulations
- Report findings to key stakeholder groups



## Accountability

The Syphilis Outbreak Response Committee (SORC) will coordinate and monitor progress on the Syphilis Action Plan Refresh. The SORC will include representatives from:

- Ministry of Health
- All five regional health authorities (RHAs)
- First Nations Health Authority
- BCCDC STI/HIV Services
- BCCDC CPS Epidemiology & Surveillance
- BCCDC Public Health Laboratory
- Perinatal Services BC
- BC Women's Hospital
- Health care providers caring for people affected by syphilis
- Community based organizations

The SORC is accountable to the Communicable Disease Policy Advisory Committee.

## Evaluation

A report of progress on each activity in this Syphilis Action Plan Refresh will be developed annually. Success will be measured based on the completion of each activity outlined above as well as the progress towards achieving the aims of the Syphilis Action Plan Refresh (i.e. annual incidences of infectious syphilis and congenital syphilis).

## Conclusion

Given the current syphilis situation in B.C., there is an urgent need to implement a comprehensive, multifaceted response in collaboration with our regional and provincial partners. With the significant public health implications of the current syphilis epidemic – namely, the potential for serious clinical complications, increased HIV transmission and the possibility of new cases of congenital syphilis – syphilis prevention and control is a provincial public health priority requiring action. Partnering with local, regional, and provincial stakeholders from community and health settings, we will build on current syphilis prevention, treatment and control efforts to maximize impact, as well as develop novel, innovative ways to reduce both transmission and morbidity amongst the population.

## Glossary

**BCCDC:** BC Centre for Disease Control

**BCCDC PHL:** BC Centre for Disease Control Public Health Laboratory

**BCWH:** BC Women’s Hospital

**CDPAC:** Communicable Disease Policy Advisory Committee

**CHS:** Correctional Health Services

**CME:** Continuing Medical Education

**CPS:** Clinical Prevention Services

**DARE:** Data Analytics, Reporting, and Evaluation

**FHA:** Fraser Health Authority

**FNHA:** First Nations Health Authority

**HIV:** Human Immunodeficiency Virus

**IHA:** Interior Health Authority

**MOH:** BC Ministry of Health

**NHA:** Northern Health Authority

**Pan-Canadian Framework:** Document published by Public Health Agency of Canada in 2018 entitled, “Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action.” Document is available online at:

<https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html>.

**PEP:** Post-exposure prophylaxis

**PHO:** BC Provincial Health Officer

**PHSA:** Provincial Health Services Authority

**PLMS:** Provincial Laboratory Medicine Services

**PrEP:** Pre-exposure prophylaxis

**PSBC:** Perinatal Services BC

**RHA:** Regional Health Authority

**SAP:** BC Syphilis Action Plan<sup>1</sup>

**STI:** Sexually Transmitted Infection

**STIBBI:** Sexually transmitted and blood borne infections

**VCH:** Vancouver Coastal Health Authority

## Appendix

### Syphilis Action Plan Refresh Working Group Membership

- Aamir Bharmal (FHA)
- Geoff Ford (BCCDC STI/HIV Services)
- Ellen Giesbrecht (BC Women's Hospital)
- Troy Grennan (BCCDC STI/HIV Services)
- Karen Mooder (PLMS)
- Muhammad Morshed (BCCDC PHL)
- Ann Pederson (PSBC)
- Venessa Ryan (BCCDC CPS Epidemiology & Surveillance)
- Jason Wong (BCCDC CPS Epidemiology & Surveillance)

## References

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<sup>i</sup> BC Syphilis Action Plan. Published January 2016. Available online at: <http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/STI/Syphilis%20Action%20Plan.pdf>. Accessed 7 February 2022.

<sup>ii</sup> Public Health Agency of Canada. Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action. Updated 9 July 2018. Available online at: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/reports-publications/sexually-transmitted-blood-borne-infections-action-framework.html>. Accessed 7 February 2022.

<sup>iii</sup> World Health Organization. Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021: Towards Ending STIs. Published June 2016. Available online at: <http://apps.who.int/iris/bitstream/handle/10665/246296/WHO-RHR-16.09-eng.pdf;jsessionid=DCF5B83D4FDD76A0DD1C8B63C5AC1058?sequence=1>. Accessed 7 February 2022.

<sup>iv</sup> Government of British Columbia. In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. Published November 2020. Available online at: <https://static1.squarespace.com/static/58829365c534a576e10e3a5c/t/6070c8ba6c72440794cbcd77/1618004171517/Gov%27t+BC+%282020%29+%2522In+Plain+Sight%2d522.pdf>. Accessed 7 February 2022.