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New: Syphilis Campaign to Promote Awareness and Testing New: HIV Training Needs Assessment Survey

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Midwives, Family Health Teams

Date: May 31, 2024

New: Syphilis Campaign to Promote Awareness and Testing

There has been a steady increase in infectious syphilis cases within Simcoe Muskoka since 2019. In 2022 the incidence rate of infectious syphilis cases was 13.6 cases per 100,000 population, representing approximately 86 cases in our region. Prior to 2019, the annual number of cases averaged less than 10. Infectious syphilis has also been increasing year-over-year across Ontario.

Due to the continued increase in syphilis infections locally and provincially, the Simcoe Muskoka District Health Unit (SMDHU) is launching a campaign on June 3 to increase syphilis awareness and testing in our region. The campaign includes social media and audio ads, a dedicated webpage, an editorial column from Dr. Colin Lee and print material and resources for health care providers. **Syphilis testing is recommended for anyone engaging in unprotected sexual activity (anal, genital or oral) and those who are pregnant in their first and third trimesters. Health care providers may experience an increase in requests for testing.**

Diseases of Public Health Significance (DoPHS)	Total Cases						Total Rate (per 100,000 population)					
	2018	2019	2020	2021	2022	2023	2018	2019	2020	2021	2022	2023
	Total Cases	Total Cases	Total Cases	Total Cases	Total Cases	Total Cases	Total Rate	Total Rate	Total Rate	Total Rate	Total Rate	Total Rate
Syphilis: Infectious (1o, 2o, early latent)	12	24	36	60	86	62	2.1	4.	5.9	9.7	13.7	9.7
Syphilis: Congenital	0	0	0	0	1	0	0.	0.	0.	0.	0.2	0.
Syphilis: Late Latent	6	11	15	20	33	35	1.	1.9	2.5	3.2	5.3	5.5
Syphilis: Unspecified	3	6	5	4	6	17	0.5	1.	0.8	0.6	1.	2.7

These data were updated on: 4/18/2024

Data Citation: Integrated Public Health Informations System (iPHIS), (2018 - 2024).
 Extracted: 4/18/2024

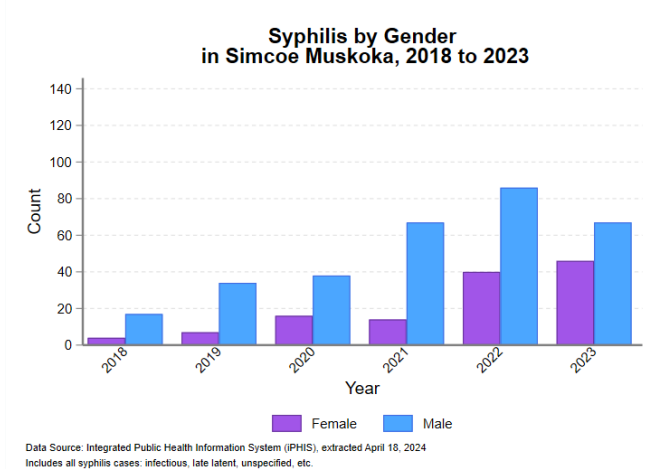
Locally, since 2019, cases have been identified in both men and women but remain higher in men, with 71% of cases reported in males, of which 44% identify as men who have sex with men (MSM). Since the pandemic, the number of female cases as a proportion of all cases is increasing (pre-pandemic: 18%; pandemic: 27%; post-pandemic: 41%). In the last three years, 25 to 34-year-old and 35 to 44-year-old age groups make up 60% of all reported cases. Cases in 45+ year olds continue to make up 30% of reported cases.

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Syphilis infection can be asymptomatic and does not always present with the classic painless genital ulcer (chancre). It can also present with a non-specific body rash, among other symptoms. Consider asymptomatic screening in those at risk including pregnant women and testing in those with compatible symptoms by using a public health lab requisition and ordering “syphilis serology”.

The majority of infants with congenital syphilis are infected in utero after the fourth month of gestation, but infection can occur as early as nine weeks’ gestation or via contact with an active genital lesion at the time of delivery. Syphilis serology should routinely be performed at the first prenatal visit, followed by appropriate maternal counselling and treatment, if reactive. Rescreening should occur at 28 to 32 weeks gestation and at delivery in high-risk women.

Use this [quick reference guide](#) to interpret the serology results and to decide on appropriate treatment. First line treatment for syphilis is benzathine penicillin G (long acting) given IM and can only be obtained from public health. Sex partners of infected persons should also be offered treatment regardless of their serology results.

Further information on syphilis diagnosis and treatment can be found on the Government of Canada website here: [Sexually Transmitted and Blood-Borne Infections: Guides for health professionals](#).

Health Care Providers:

- Can access additional information including [a webinar recording on Clinical Management of Syphilis](#) presented by the Dr. Colin Lee, Associate Medical Officer of Health.
- Are encouraged to post SMDHU syphilis campaign posters in their clinic space to promote awareness and testing. [Posters](#) are located on the SMDHU Health Professionals Portal: <https://www.simcoemuskokahealth.org/JFY/HPPortal/PCPCategories/SexualHealth.aspx#f893c817-3450-487c-9c5b-6634bf1588ed>
- Can order long-acting penicillin G (Bicillin) and other STI medications for free through SMDHU, by completing the [order form](#) or by calling the Sexual Health Program at 705-721-7520 ext. 8376.
- Can direct their patients to SMDHU campaign website to get more information about syphilis at smdhu.org/GetTested

Please report any cases or contacts of syphilis to the SMDHU, Infectious Diseases Program at (705) 721-7520 or 1-877-721-7520, extension 8809 during business hours (Monday-Friday 8:30am-4:30pm).

New: HIV Training Needs Assessment Survey

Dr Gordon Arbess, Ontario HIV Clinics' Lead, a team of clinician-teachers at St. Michael's Hospital Academic Family Health Team and the Ontario HIV Treatment Network, are working to enhance HIV care in communities across the province through the development of a practical, focused HIV educational curriculum for primary care clinicians, particularly for those in rural and distributed areas; those with few supports to HIV test/counsel/treat People Living with HIV (PLHIV) and people at risk for HIV; and for those who have few/no PLHIV in their practices and want to learn more about providing HIV care.

To tailor this curriculum to your needs, the HIV curriculum team created a brief (~2 minutes) online needs assessment survey. This survey is anonymous and collects focused demographic data, along with insights into your knowledge of HIV epidemiology in your community and your HIV testing experience. Your participation is crucial in designing a curriculum that addresses the specific educational needs of healthcare providers like you. [Take Survey](#)