



Additional information can be found on the [CPS dashboard](#).

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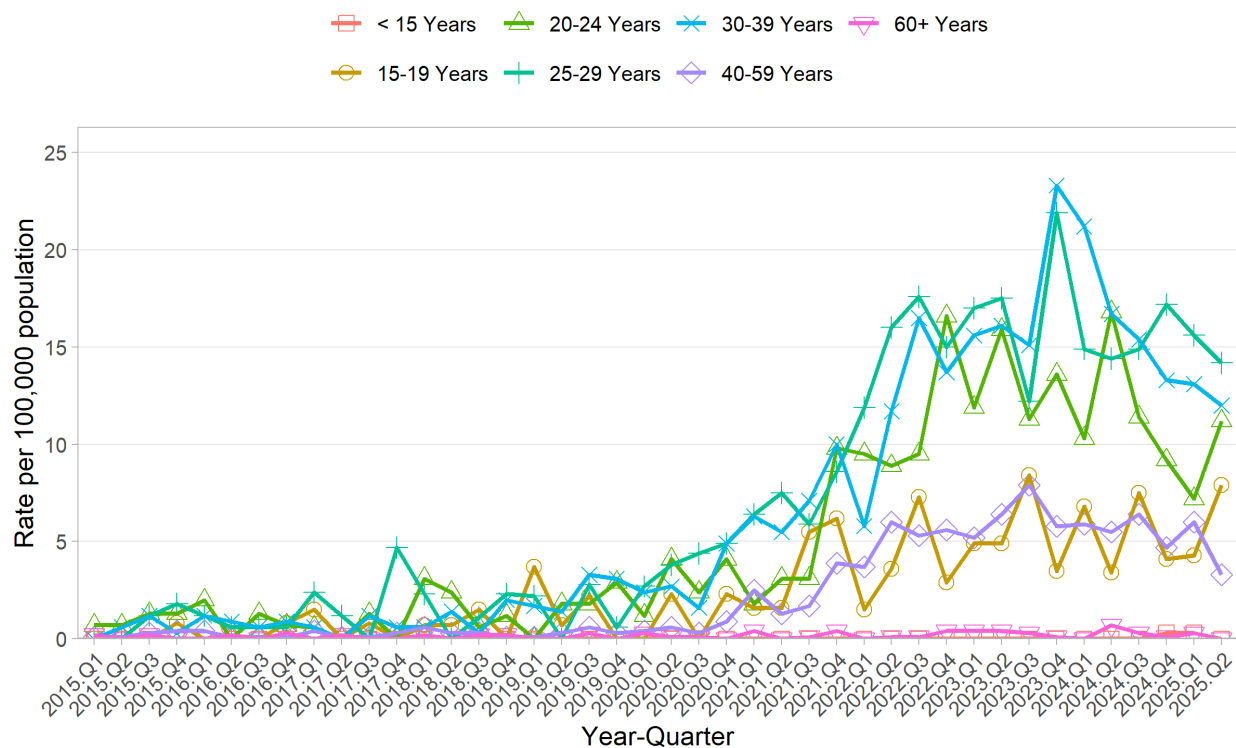
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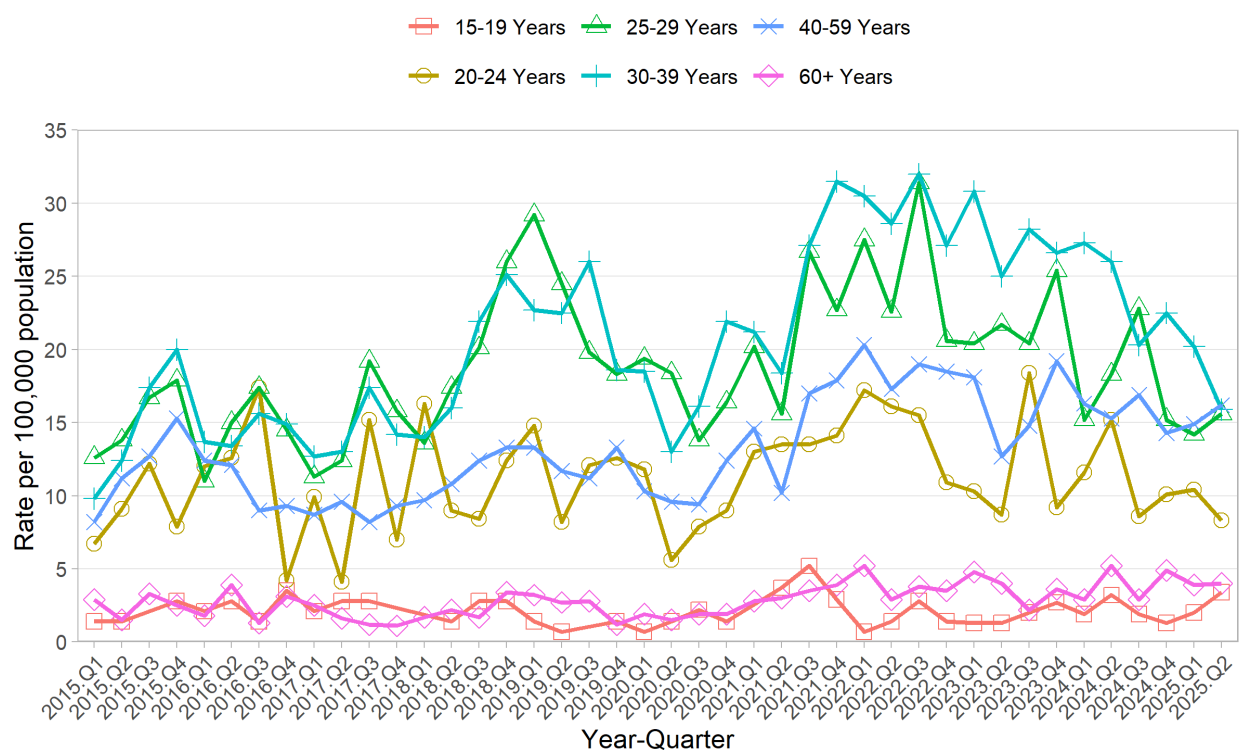
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Infectious Syphilis by Sex or Gender and Age Group

1. Rate of infectious syphilis case reports in BC by age group and by quarter - Female

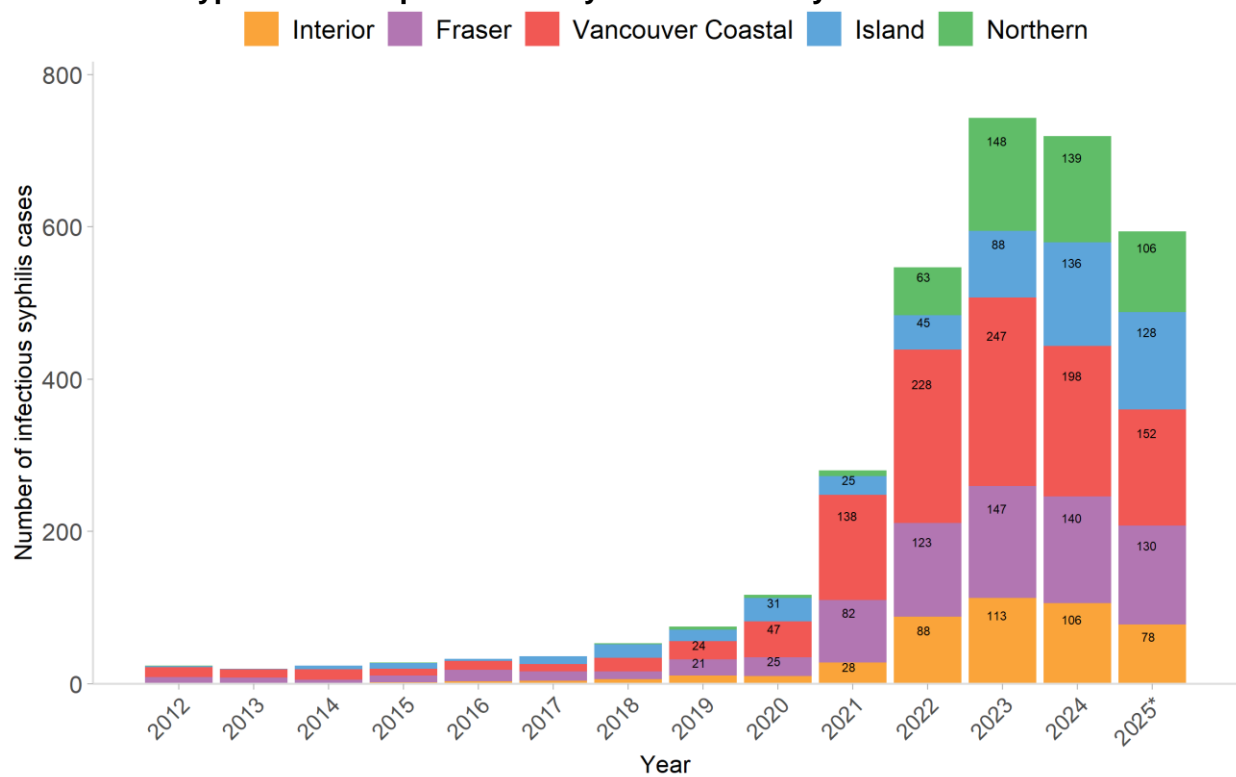


2. Rate of infectious syphilis case reports in BC by age group and by quarter - Male



Infectious Syphilis by Regional Health Authority

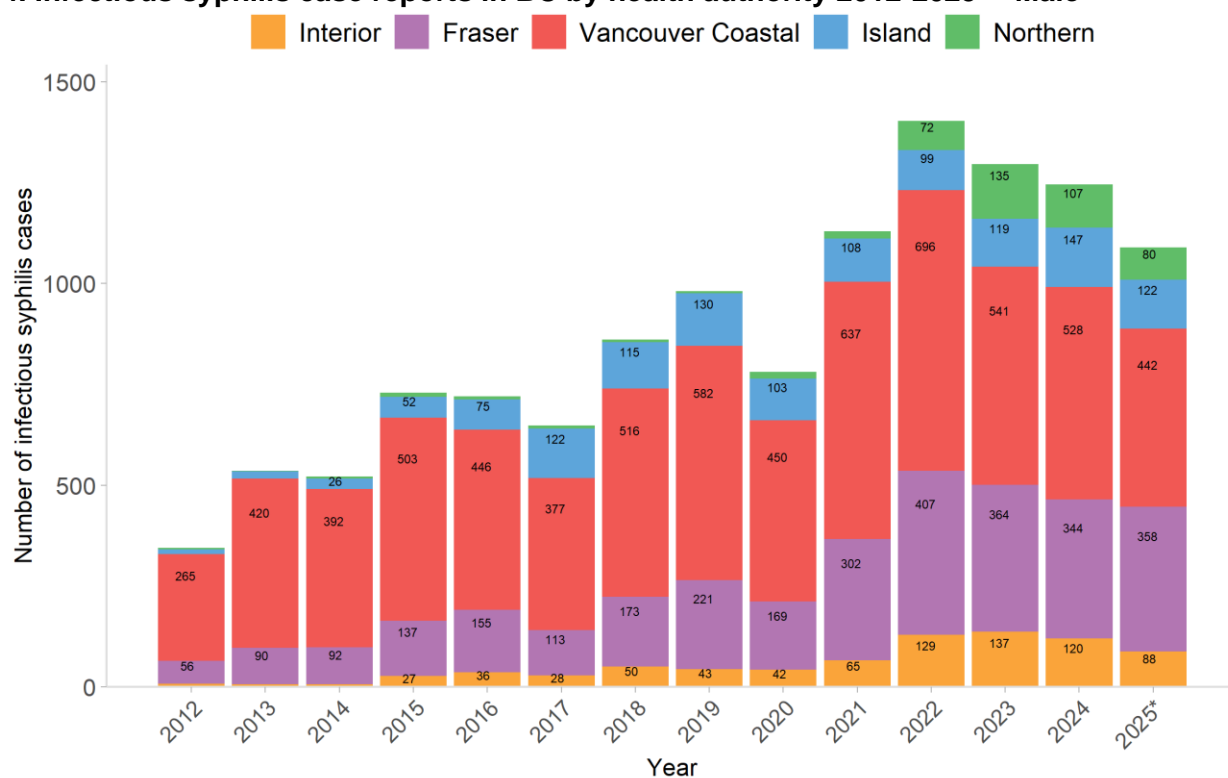
3. Infectious syphilis case reports in BC by health authority 2012-2025* - Female



*Projected case counts.

Note: Excludes missing and unknown geography. Counts are shown for case counts ≥ 20 .

4. Infectious syphilis case reports in BC by health authority 2012-2025* - Male

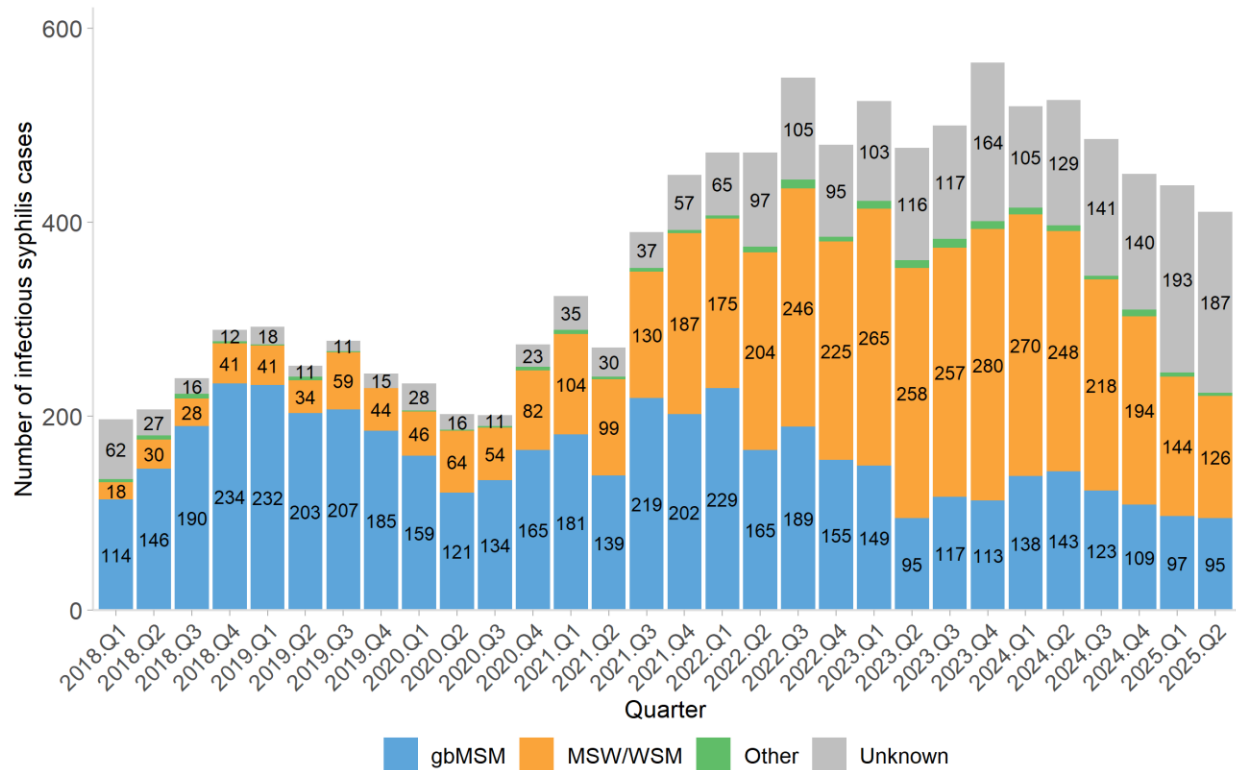


*Projected case counts.

Note: Excludes missing and unknown geography. Counts are shown for case counts ≥ 20 .

Infectious Syphilis by Sex/Gender and Gender of Sexual Partner

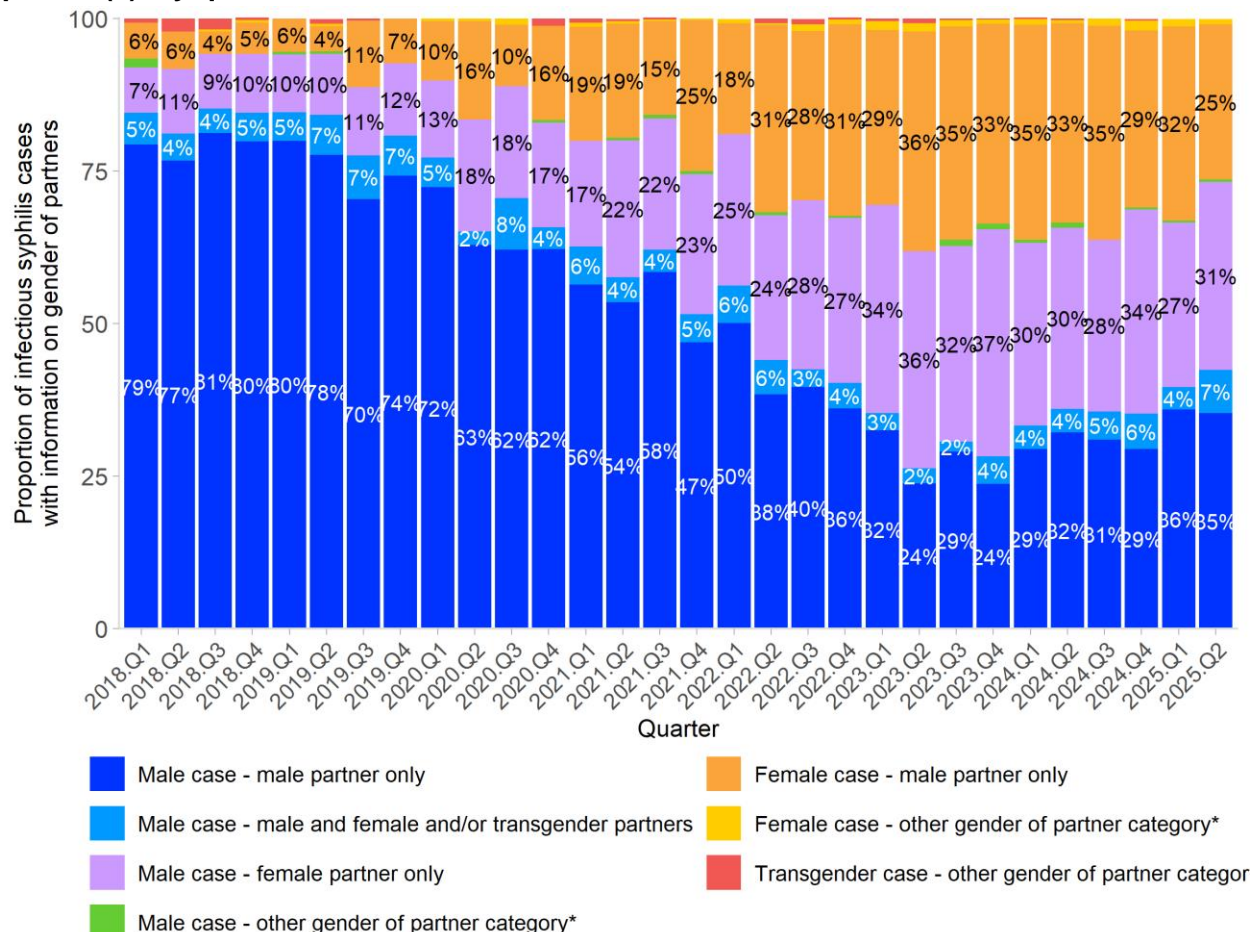
5. Counts of infectious syphilis case reports by aggregated gender of sexual partner categories and by quarter, 2018 to 2025



Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. Data shown reflect male, female, and transgender responses only.

gbMSM (gay, bisexual, and other men who have sex with men) includes male cases who reported having male partners only, male and female partners, male and transgender partners, or male, female, and transgender partners. **MSW/WSM** (men who have sex with women only/women who have sex with men only) includes male cases who reported having female partners only and female cases who reported having male partners only. **Other** includes all other cases for whom there was information on gender of partner(s): transgender cases with information on gender of sexual partner(s); female and male cases who reported the gender(s) of their sexual partners as transgender only or female and transgender; and female cases who reported the gender(s) of their sexual partners as female, male and female, or male, female and transgender. **Unknown** includes cases for whom there is currently no information on gender of sexual partner.

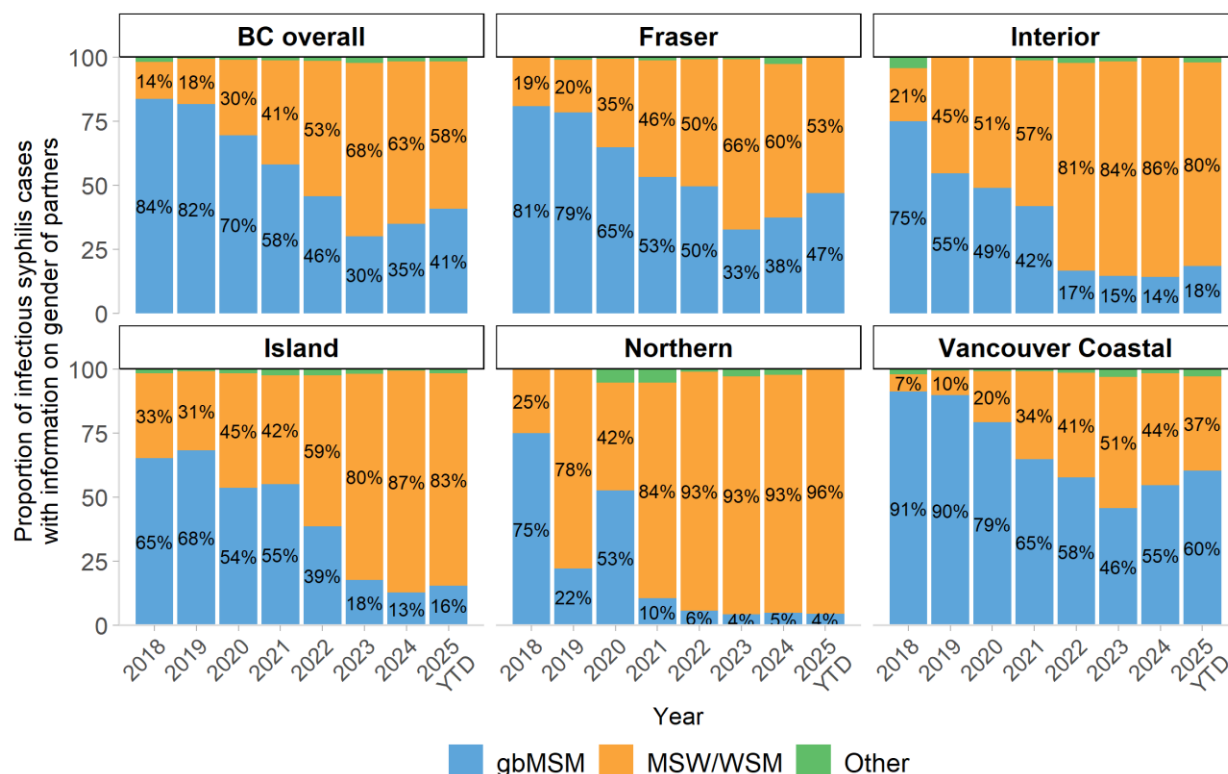
6. Proportion of infectious syphilis cases by reported sex/gender and gender of sexual partner(s), by quarter, 2018 to 2025



Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. Data shown reflect male, female, and transgender responses only. Cases with missing information on gender of sexual partner are excluded.

*Other gender of partner category includes: transgender cases with information on gender of sexual partner(s); female and male cases who reported the gender(s) of their sexual partners as transgender or female and transgender; and female cases who reported the gender(s) of their sexual partners as female, male and female, or male, female and transgender.

7. Proportion of infectious syphilis case reports by aggregated gender of sexual partner categories for BC overall and by health authority, 2018 to 2025

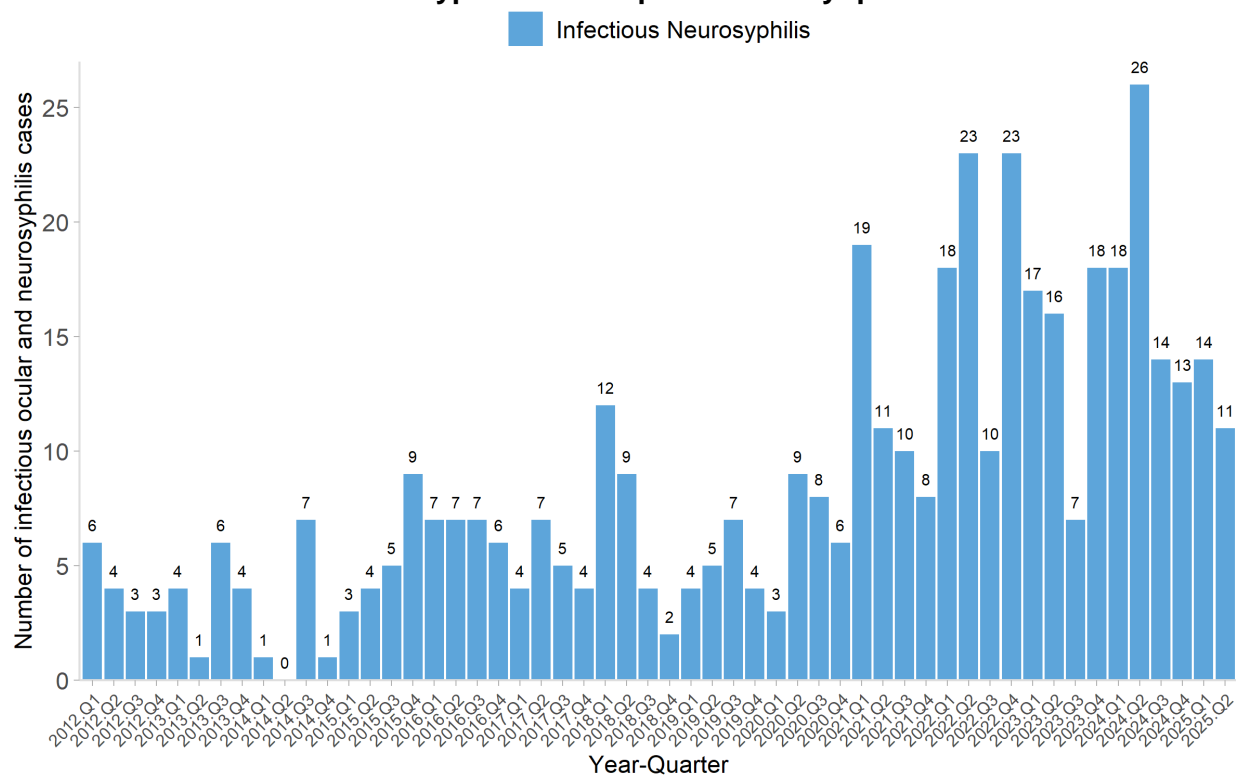


Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. Data shown reflect male, female, and transgender responses only. Cases with missing information on gender of sexual partner are excluded.

gbMSM (gay, bisexual, and other men who have sex with men) includes male cases who reported having male partners only, male and female partners, male and transgender partners, or male, female, and transgender partners. **MSW/WSM** (men who have sex with women only/women who have sex with men only) includes male cases who reported having female partners only and female cases who reported having male partners only. **Other** includes all other cases for whom there was information on gender of partner(s): transgender cases with information on gender of sexual partner(s); female and male cases who reported the gender(s) of their sexual partners as transgender only or female and transgender; and female cases who reported the gender(s) of their sexual partners as female, male and female, or male, female and transgender.

Infectious Ocular and Neurosyphilis

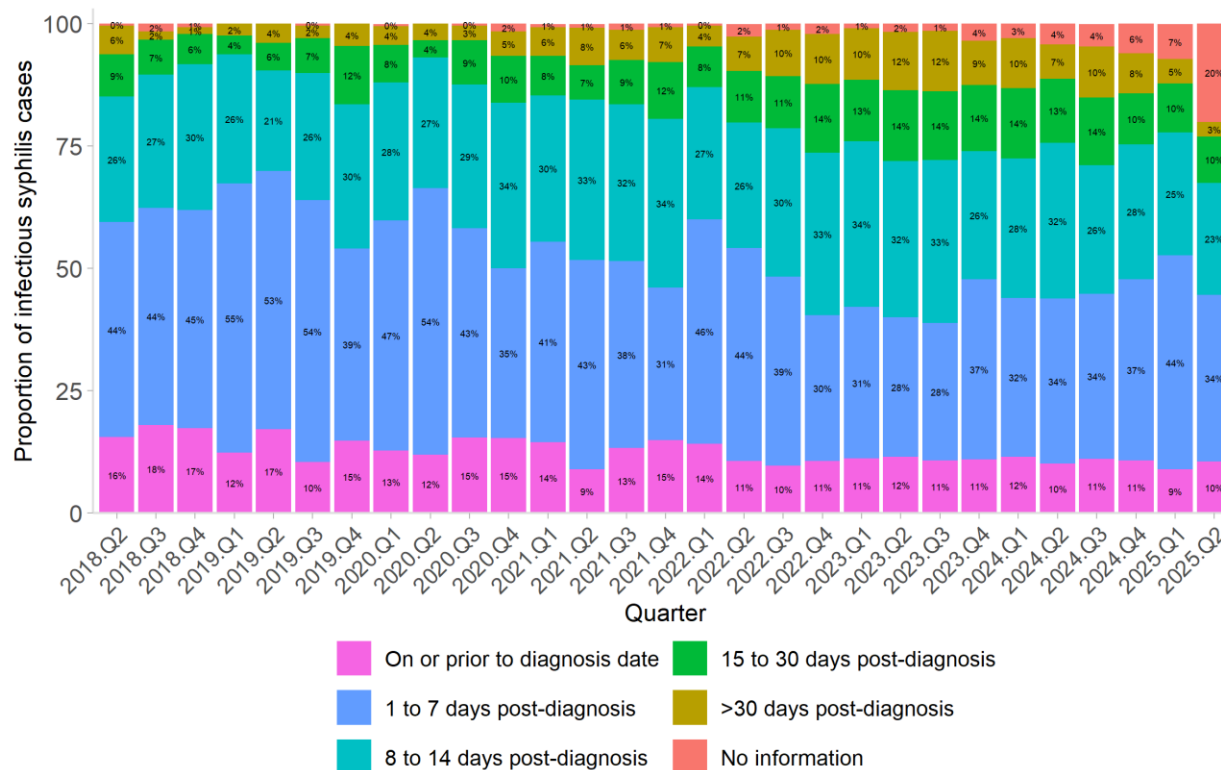
8. Infectious ocular and neurosyphilis case reports in BC by quarter



Note: Infectious neurosyphilis refers to neurosyphilis cases diagnosed during an infectious stage of infection. Ocular syphilis is categorized as a subset of neurosyphilis in this report.

Time to Treatment

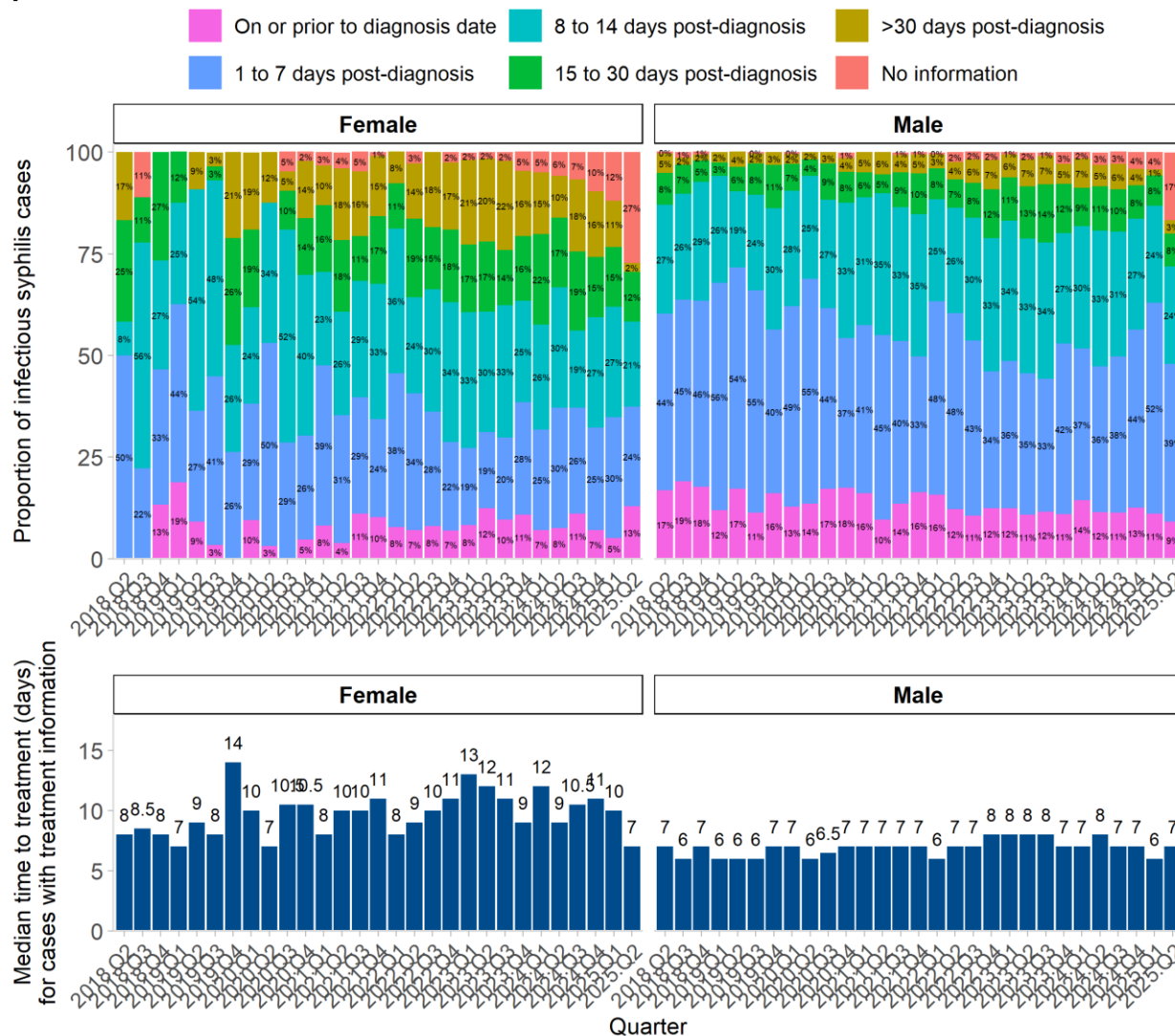
9. Time to initial treatment for infectious syphilis cases in BC, by quarter



Note: This figure presents data on time to receipt of first syphilis treatment rather than time to treatment completion. Infectious syphilis cases without information on treatment may include: individuals for whom follow-up is ongoing, individuals who were not treated, and/or instances where treatment information was not adequately captured within Intrahealth Profile EMR; data remediation is routinely ongoing. Some individuals (e.g., recent partners of individuals diagnosed with infectious syphilis) may be treated empirically, as it can take up to 3 months before syphilis infection is detectable on serology, so treatment may occur prior to diagnosis date.

Information are subject to change as case data are completed. See Technical Appendix for more details.

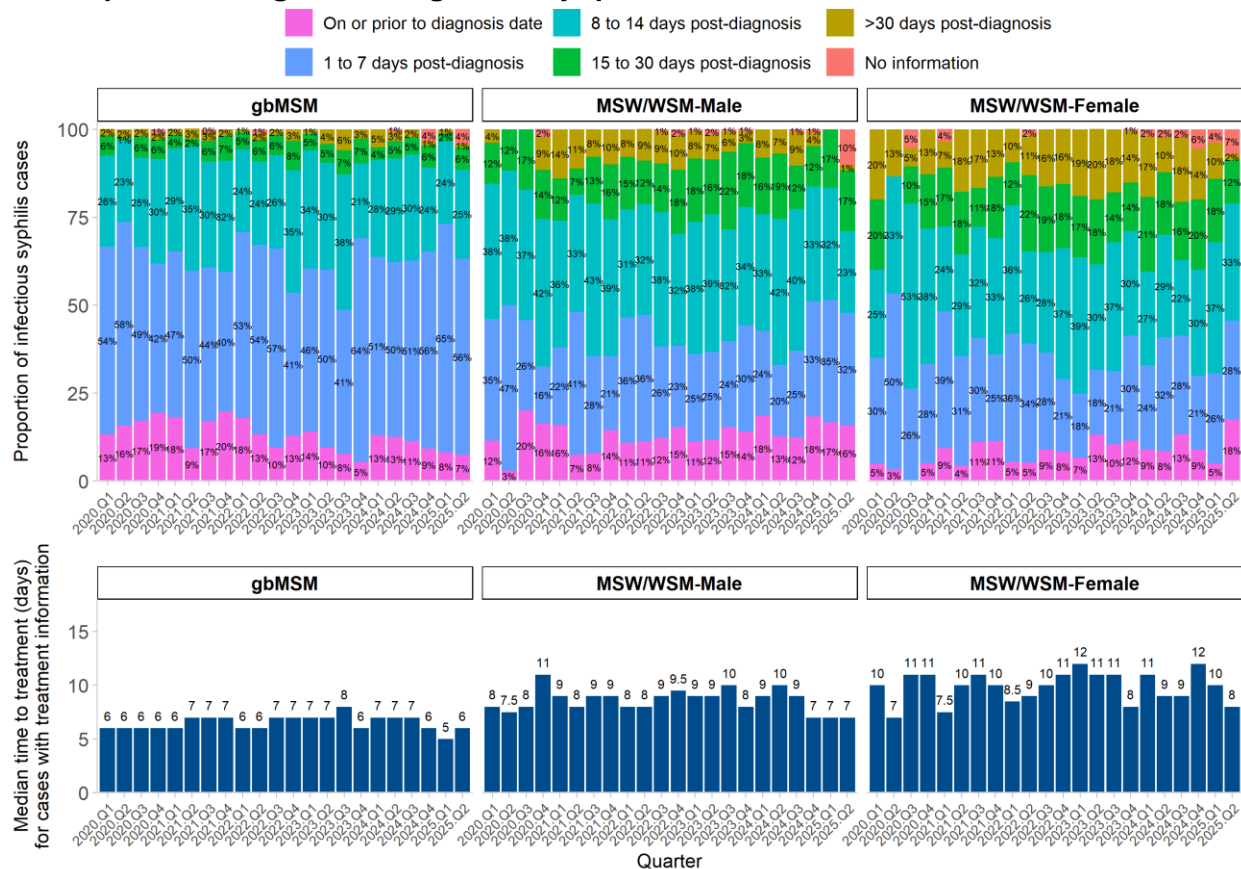
10. Time to initial treatment for infectious syphilis cases in BC, by sex/gender and quarter



Note: This figure presents data on time to receipt of first syphilis treatment rather than time to treatment completion. Infectious syphilis cases without information on treatment may include: individuals for whom follow-up is ongoing, individuals who were not treated, and/or instances where treatment information was not adequately captured within Profile EMR; data remediation is routinely ongoing. Some individuals (e.g., recent partners of individuals diagnosed with infectious syphilis) may be treated empirically, as it can take up to 3 months before syphilis infection is detectable on serology, so treatment may occur prior to diagnosis date.

Information are subject to change as case data are completed. See Technical Appendix for more details.

11. Time to initial treatment for infectious syphilis cases in BC, by aggregate gender of sexual partner categories and gender, by quarter



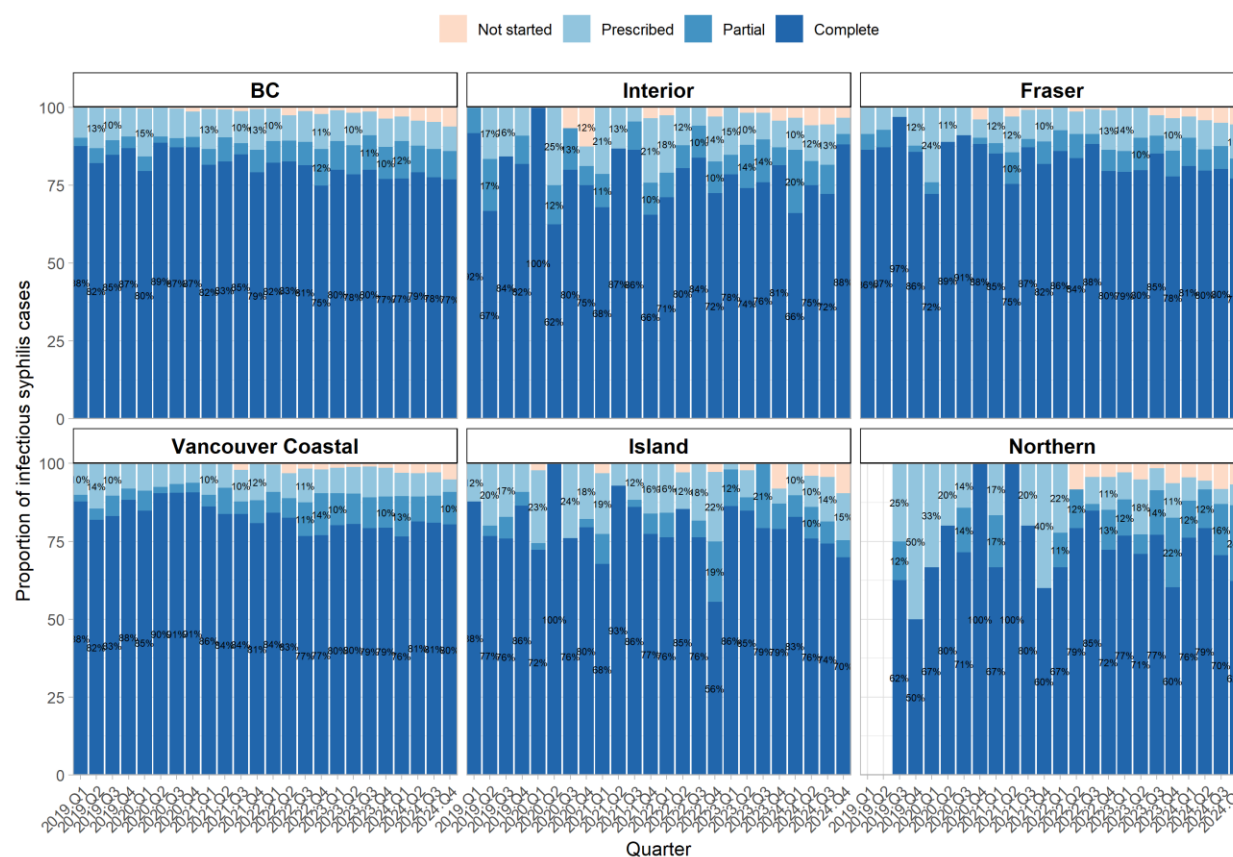
Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. **gbMSM** (gay, bisexual, and other men who have sex with men) includes male cases who reported having male partners only, male and female partners, male and transgender partners, or male, female, and transgender partners. **MSW/WSM** (men who have sex with women only/women who have sex with men only) includes male cases who reported having female partners only and female cases who reported having male partners only. Figure only includes information on aggregate gbMSM and MSW/WSM gender of partner categories due to low counts for other cases with information on gender of partner.

This figure presents data on time to receipt of first syphilis treatment rather than time to treatment completion. Infectious syphilis cases without information on treatment may include: individuals for whom follow-up is ongoing, individuals who were not treated, and/or instances where treatment information was not adequately captured within Intrahealth Profile EMR; data remediation is routinely ongoing. Some individuals (e.g., recent partners of individuals diagnosed with infectious syphilis) may be treated empirically, as it can take up to 3 months before syphilis infection is detectable on serology, so treatment may occur prior to diagnosis date.

Information are subject to change as case data are completed. See Technical Appendix for more details.

Treatment completion

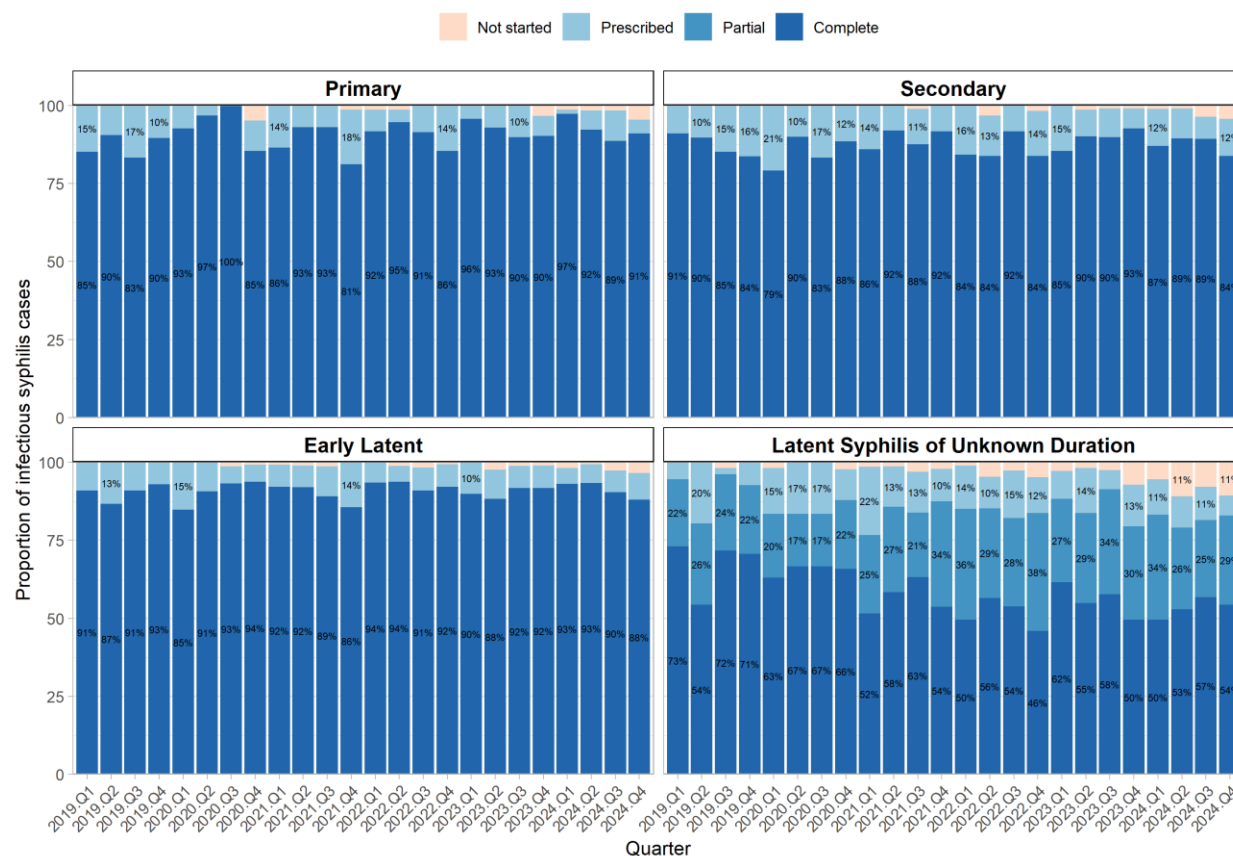
12. Treatment completion for infectious syphilis cases in BC, by Health Authority and quarter



Note: Treatment completion indicator is reported with a two-quarter lag to allow sufficient time for follow-up and is based on available information as entered into the Intrahealth Profile EMR system. This indicator is for surveillance reporting/monitoring purposes only. It is not used for clinical evaluation of treatment completion.

Information are subject to change as case data are completed. See treatment completion algorithm section in the Technical Appendix for further information.

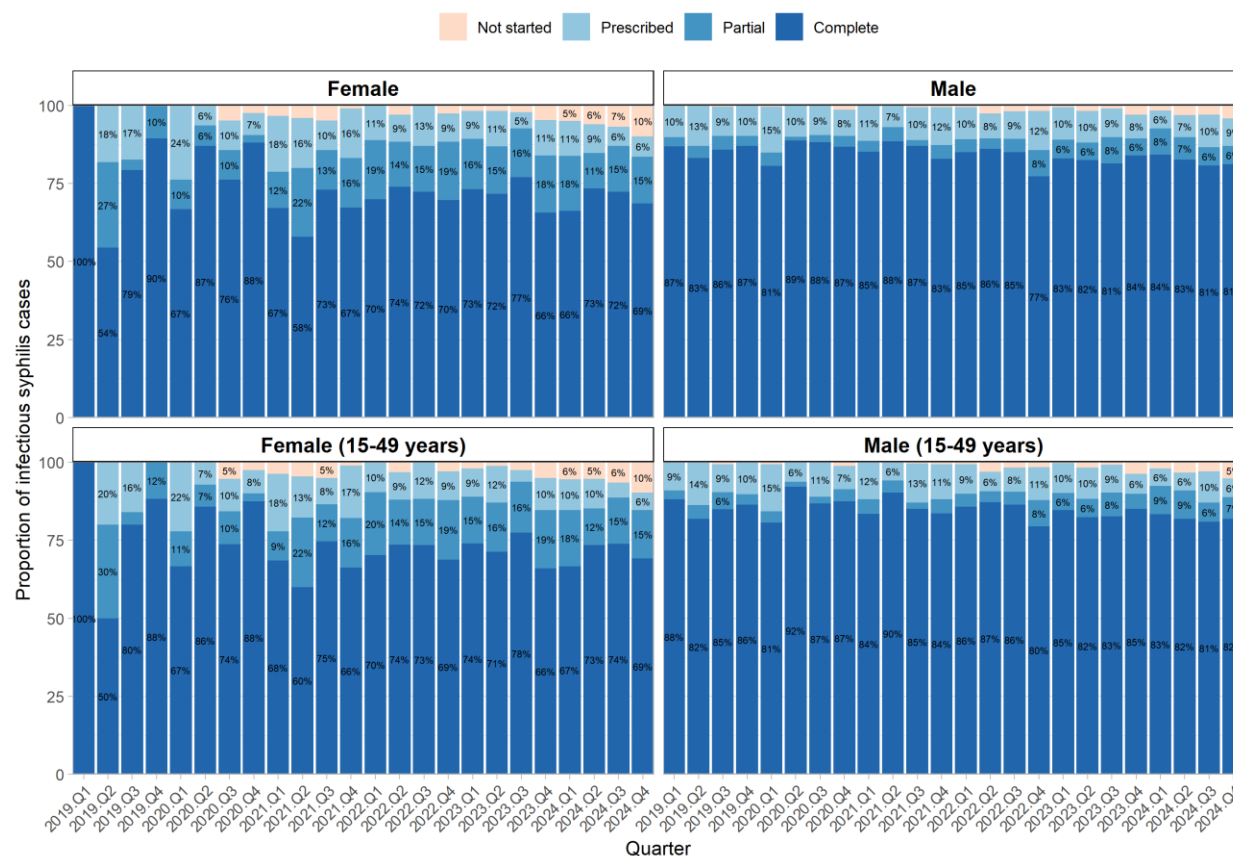
13. Treatment completion for infectious syphilis cases in BC, by stage of infection and quarter



Note: Treatment completion indicator is reported with a two-quarter lag to allow sufficient time for follow-up and is based on available information as entered into the Intrahealth Profile EMR system. This indicator is for surveillance reporting/monitoring purposes only. It is not used for clinical evaluation of treatment completion.

Information are subject to change as case data are completed. See treatment completion algorithm section in the Technical Appendix for further information.

14. Treatment completion for infectious syphilis cases in BC among females and males (all ages and 15-49 years), by quarter



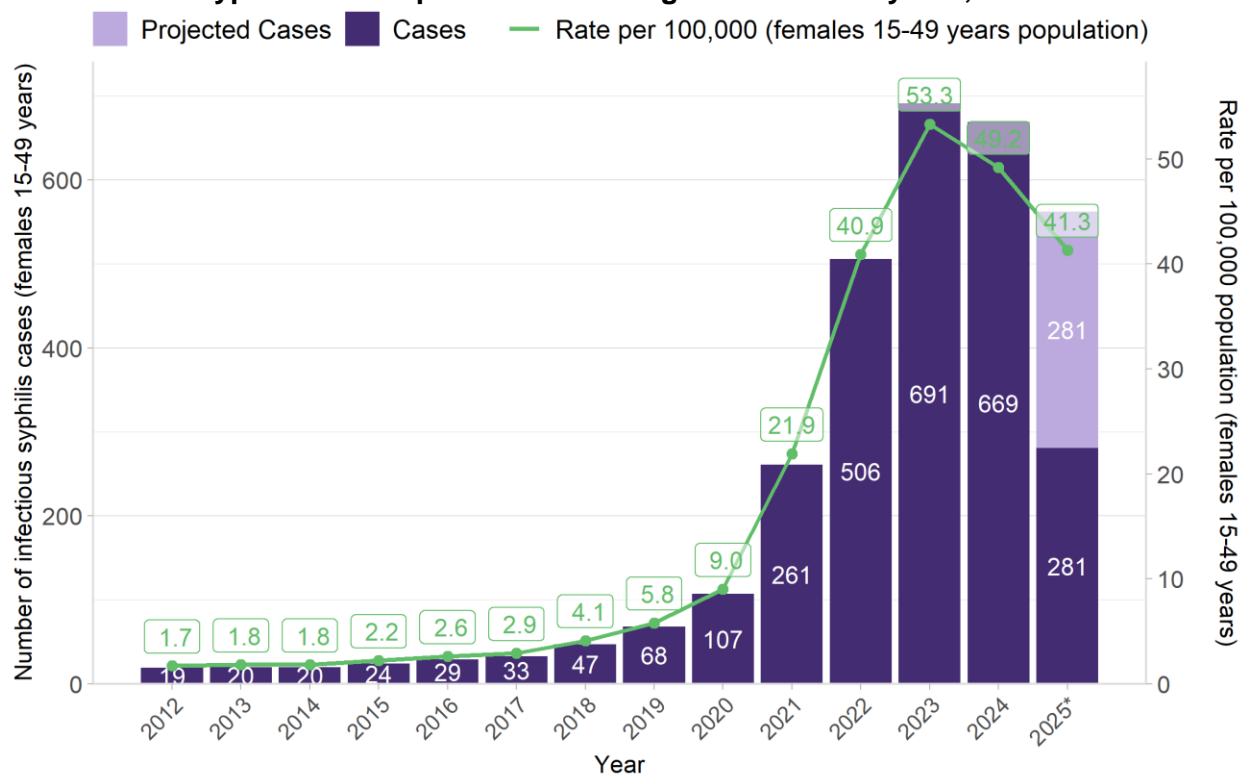
This figure only includes information on females and males due to low case counts for other reported sex or gender values.

Note: Treatment completion indicator is reported with a two-quarter lag to allow sufficient time for follow-up and is based on available information as entered into the Intrahealth Profile EMR system. This indicator is for surveillance reporting/monitoring purposes only. It is not used for clinical evaluation of treatment completion.

Information are subject to change as case data are completed. See treatment completion algorithm section in the Technical Appendix for further information.

Infectious Syphilis among Females 15-49 years

15. Infectious syphilis case reports in BC among females 15-49 years, 2012-2025*

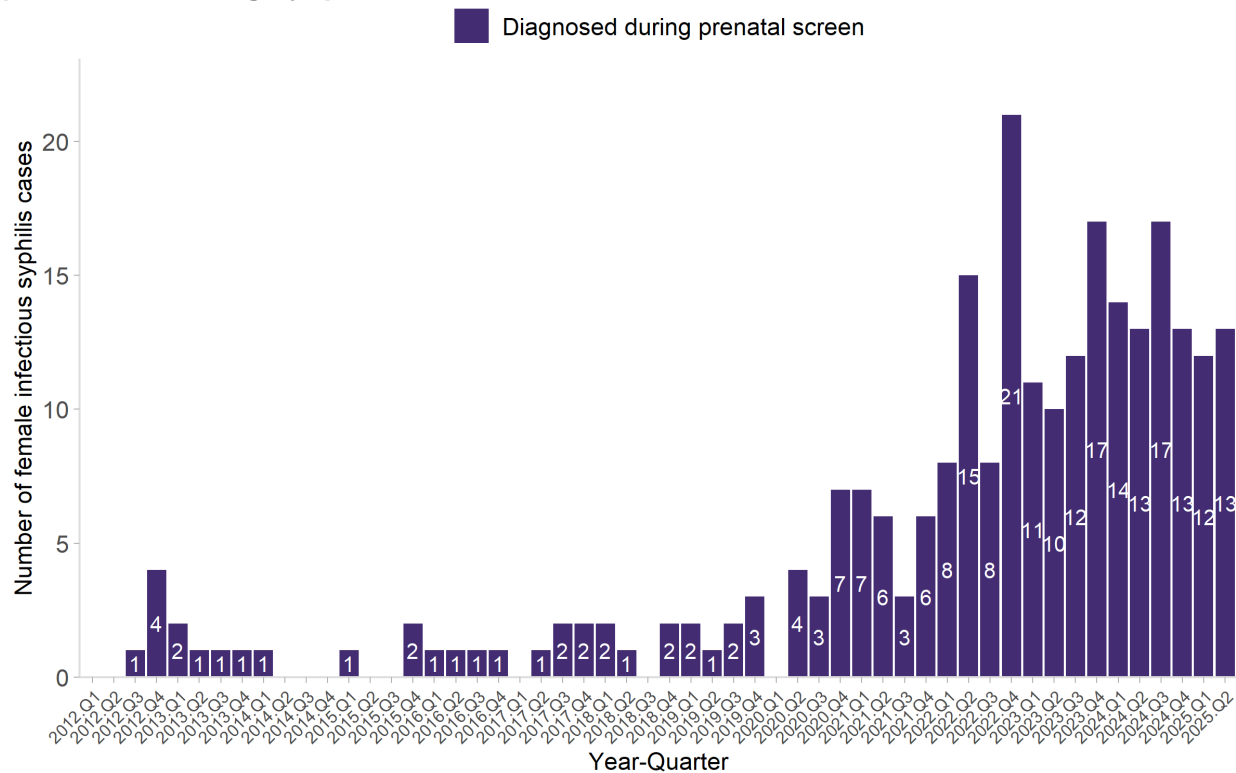


*Projected rate for 2025.

Note: The rate per 100,000 population uses the BC population data of people of female sex aged 15-49 years.

Infectious Syphilis Diagnosed during Prenatal Screening

16. Infectious syphilis case reports in BC among females 15-49 years diagnosed during prenatal screening by quarter



Note: Includes maternal infectious syphilis cases aged 15-49 years from STI-IS (cases prior to March 13, 2018) and female infectious syphilis cases aged 15-49 years who were indicated as being pregnant at their time of diagnosis in Intrahealth Profile EMR (cases from March 13, 2018 onwards).

Technical Appendix

British Columbia Syphilis Case Definitions

<http://www.bccdc.ca/health-professionals/clinical-resources/case-definitions/syphilis>

Data Sources

Case data: This report contains preliminary data on Infectious Syphilis. The STI-IS was sunsetted and a new electronic medical record system (EMR) went live on March 13, 2018. The report contains data from the following sources:

- Cases reported up to March 12, 2018: Data extracted from the BCCDC Public Health Reporting Data Warehouse (PHRDW) STIBBI Mart (source system STIIS);
- Cases reported after March 12, 2018: Data extracted from Intrahealth Profile EMR*.

*During the ongoing system transition, there will be slight changes in counts and categorization of some cases, reflecting differences in algorithms and data structure between the data sources.

***Please note that the case data used to create the 2025Q2 infectious syphilis report were extracted from Intrahealth Profile EMR on July 10, 2025.

Gender and sex values: The reporting of sex and gender are conflated in the current STI case reporting systems:

- In Intrahealth Profile EMR (used from March 13, 2018 onwards), depending on what information is available per client, information collected on sex (options: male, female, X, or unknown) via laboratory serology requisitions or information collected on “gender” (typically a mix of sex and gender options) via clinic intake forms is entered into a field labelled “Administrative Sex” (options: female, male, intersex, transgender, X, or unknown). This field then subsequently auto-populates another field in the STI case reporting form labelled “Gender”.
- In the historical STI Information System (STIIS; used prior to March 13, 2018), information on sex/gender was similarly collected using male, female, transgender, or unknown as options for reporting within a single question field.

While the majority of the information collected on sex/gender seem to reflect sex values, to prevent the erasure of the reporting of transgender as a gender value from our case data, we have included all reported sex/gender values as entered into the STI case reporting systems. For interpreting the reported information on sex/gender, please note that whether information on sex or gender was collected will vary between cases, and sex is likely best considered to be unknown for those cases reporting as transgender. Further, as only information on sex is collected via laboratory requisitions, individuals who may identify as transgender are likely under-reported in our data.

To calculate rates per 100,000 population by sex/gender, the denominator uses BC Stats population data, which is available by male and female sex.

We acknowledge that the gender values reported do not reflect the full spectrum of gender identity and continue to work towards improving the data collection and reporting of sex and gender.

Treatment data: Treatment information for each case is extracted only from the same Intrahealth Profile EMR form as that which holds the respective infectious syphilis diagnosis. Treatments that are recorded in a separate EMR form/diagnosis are not currently reflected in this report.

Denominator data file: This report uses two data sources released by BC Stats (updated February 2024) to calculate rates: 1) P.E.O.P.L.E. Population Projections for 2025 rates and 2) Population Estimates for all previous years.

Calculations

-Projected case counts/rates are calculated by applying the average number of reported cases per month YTD through to the remaining months of the current year. This calculation method assumes that the average number of reported cases per month YTD will remain constant.

-Time to treatment is calculated based on the difference (in days) between the surveillance/diagnosis date (i.e., date of specimen collection or, if not available, date of lab test) and earliest recorded treatment date with an appropriate medication (e.g., Benzathine penicillin G (Bicillin LA) 2.4 million units in a single dose (administered in divided doses of 1.2 million units given IM into each hip/buttock at the same visit); or Doxycycline 100mg PO bid x 28 days).

-Treatment completion algorithm categories are not mutually exclusive. The treatment completion algorithm prioritizes categories as they appear below.

Complete: Patient has received all Bicillin LA intramuscular injections required to treat their stage of syphilis and complications.

Partial: The patient has received at least one dose of Bicillin LA by intramuscular injection but has not completed the treatment series to treat their stage of syphilis and complications.

Prescribed: Patient has been prescribed either tablets or IV treatment. Limitations with data availability in the source system do not allow for monitoring of treatment adherence and completion for prescribed medications.

Not started: There is no treatment information recorded for the patient.