



BC Centre for Disease Control  
Provincial Health Services Authority

# British Columbia Syphilis Indicators

## 2025 Q1

*Preliminary data and subject to change*

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**In 2025-Q1, 437 infectious syphilis cases were recorded in BC. Syphilis rate remains at historical high but has decrease by 15% compared to 2024-Q1.**

Key Populations	Congenital Syphilis
Projected 2025 incidence rate per 100K <sup>1</sup> for females aged 15-49 (42.9) outpaces BC's (30.6).	Provincial counts continue to climb. There were 8 cases reported in both 2025-Q1 and 2024-Q1.
Testing Episode Volumes	Regional Trends
Island Health has the highest increase in testing episodes.	Northern Health has the highest rate per 100K population and test episode positivity in 2025-Q1.

## Demographics

Northern Health has highest rate per 100K in 2025-Q1

**Regional rate<sup>1</sup> 2025-Q1:**

19.3 NH, 11.7 VCH, 5.6 FH, 5.6 ISLH, 4.8 IH

%Rate change (vs 2024-Q1):

9.8% FH, ↓9.5% ISLH, ↓12.7% NH, ↓21.5% VCH, ↓28.4% IH

Highest rates in 2025-Q1 were among females aged 25-29 (15.6/100K) and males aged 30-39 (20.0/100K)

**Sex/Gender (%cases 2025-Q1):**

63.8% Male (61.3% in 2024-Q1), 36.2% Female (38.1% in 2024-Q1) 0% Transgender (0.2% in 2024-Q1), 0% X (0.2% in 2024-Q1)

**Age group (rate<sup>1</sup> 2025-Q1):**

30-39 years: 16.6, 25-29 years: 14.9, 40-59 years: 10.5  
20-24 years: 8.6, 15-19 years: 3.1, 60+ years: 2.0, <15: 0.1

## Gender of Partner<sup>2</sup>

242 cases had gender of partner information in 2025-Q1

%WSM has decreased compared to 2024-Q1:

31.4% WSM in 2025-Q1 vs 35.1% in 2024-Q1

%MSW has decreased compared to 2024-Q1:

26.9% MSW in 2025-Q1 vs 29.8% in 2024-Q1

%gbMSM has increased compared to 2024-Q1:

36.4% gbMSM in 2025-Q1 vs 32.7% in 2024-Q1

## Severe Outcomes

highlighting cases linked to pregnancy and extra-genital manifestations

**Maternal Syphilis**

prenatal screening caught 8.2% of 2025-Q1 female cases aged 15-49

**Congenital Syphilis<sup>3</sup>**

8 cases in 2025-Q1, no change vs 2024-Q1 (8 cases)

**Ocular & Neurosyphilis<sup>3</sup>**

3.4% of 2025-Q1 cases vs 3.7% of 2024-Q1 cases

## Time to Treatment (Tx)

392 cases had time to Tx information in 2025-Q1

**Time Interval (time from syphilis diagnosis to treatment initiation):**

Females experience longer time to Tx than males: within one-week 66.3% Male / 40.6% Female

Majority receives TX within 30-days: within 30-days 98.9% Male / 92.2% Female

MSW experience longer time to Tx than gbMSM: within one-week 53.1% MSW / 73.2% gbMSM

**Testing Episode<sup>4</sup> Volumes** 75407 testing episodes in 2025-Q1, ↑0.3% vs 2024-Q1

Highest increase in %positivity in 2025-Q1 was in Island Health with 3.1% compared to 2024-Q1

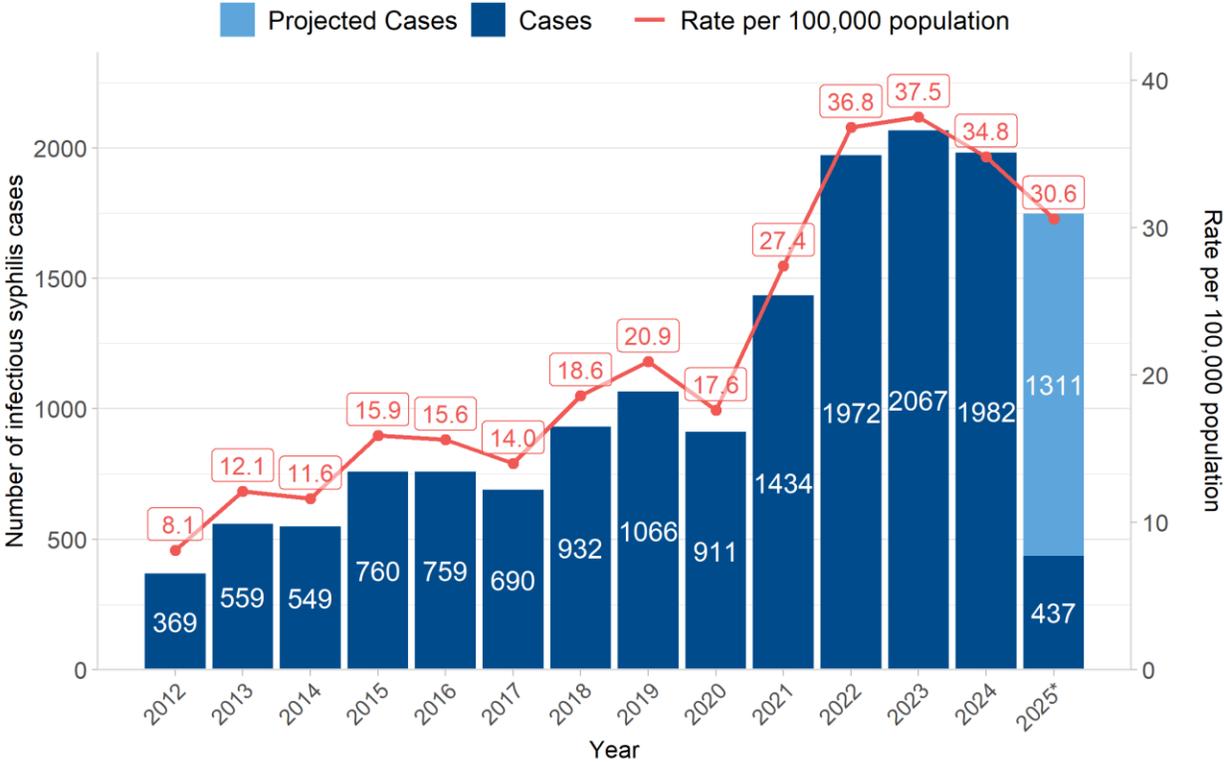
%Positivity (in 2025-Q1): 1.9% NH, 0.8% FH, 0.7% ISLH, 0.5% IH, 0.4% VCH

%Change episodes (vs 2024-Q1): ↑3.1% ISLH, ↑1.2% VCH, ↓0.6% NH, ↓1.3% FH, ↓3.2% IH

<sup>1</sup>rate: cases per 100,000 population, <sup>2</sup>Gender of Partner information updates over time, interpret historical comparison with caution. Gender of Partner categories: MSW - Men who report having sex with women only; WSM - Women who report having sex with men only, gbMSM – gay, bisexual or other men who have sex with men, for other gender of partner categories refer to full report, <sup>3</sup>defined in BC case definitions, <sup>4</sup>one episode represents a 30-day testing window.

# Infectious Syphilis in British Columbia

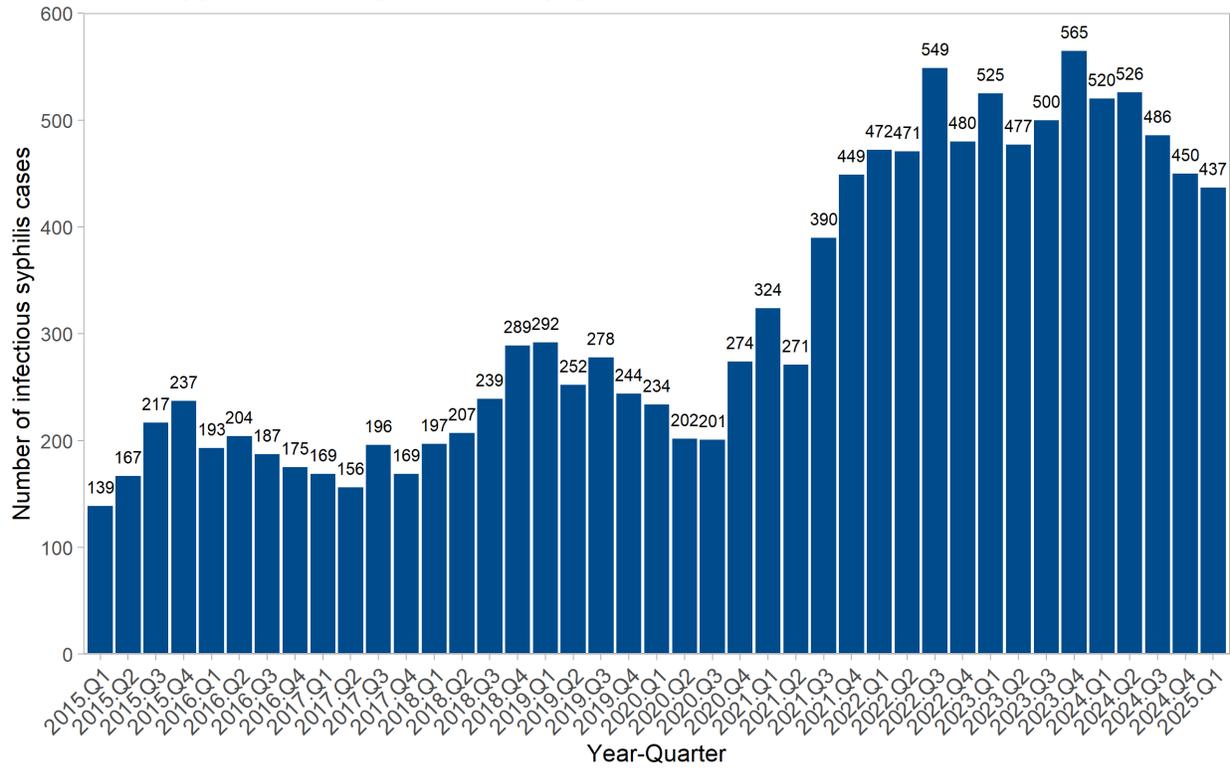
## 1. Infectious syphilis case reports in BC, 2012-2025\*



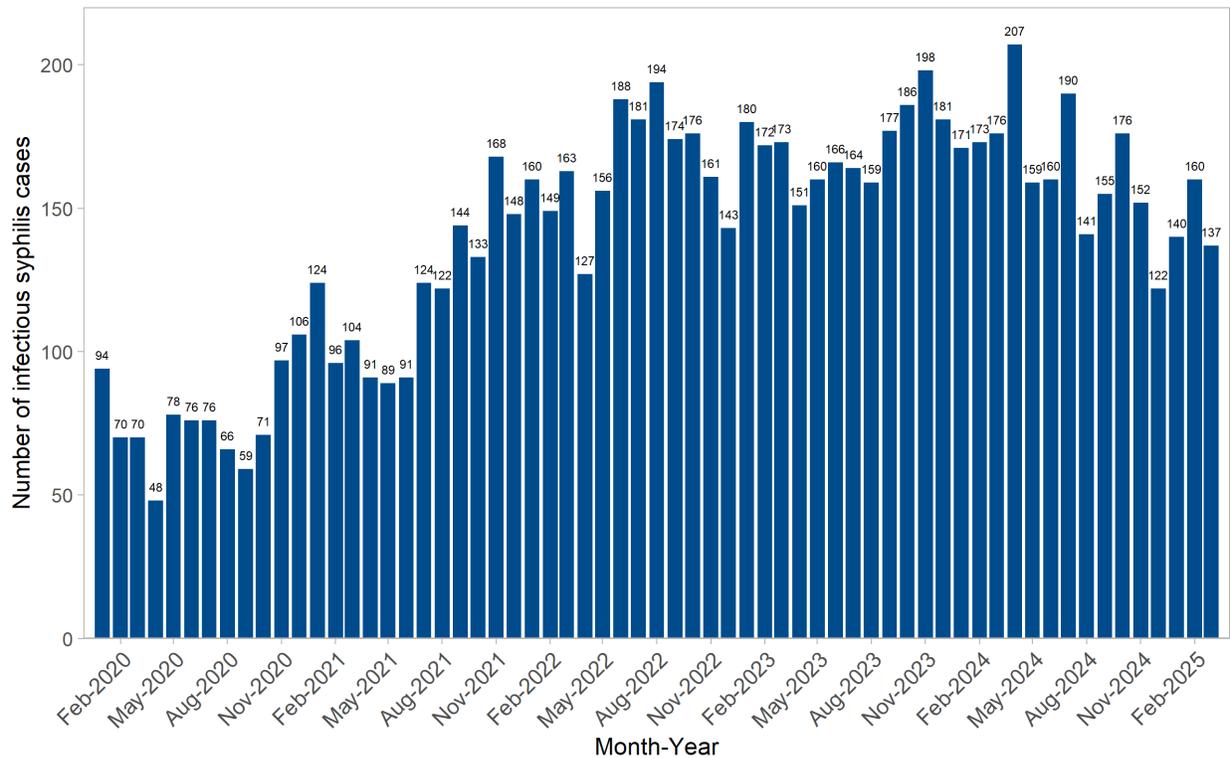
\*Projected case counts/rates assume that the average number of reported cases per month year to date (YTD) will remain constant throughout 2025. See technical appendix (calculations) for more details.

Note: 2018 to 2025 case counts are subject to change. Infectious syphilis case reports exclude congenital syphilis cases.

## 2. Infectious syphilis case reports in BC by quarter

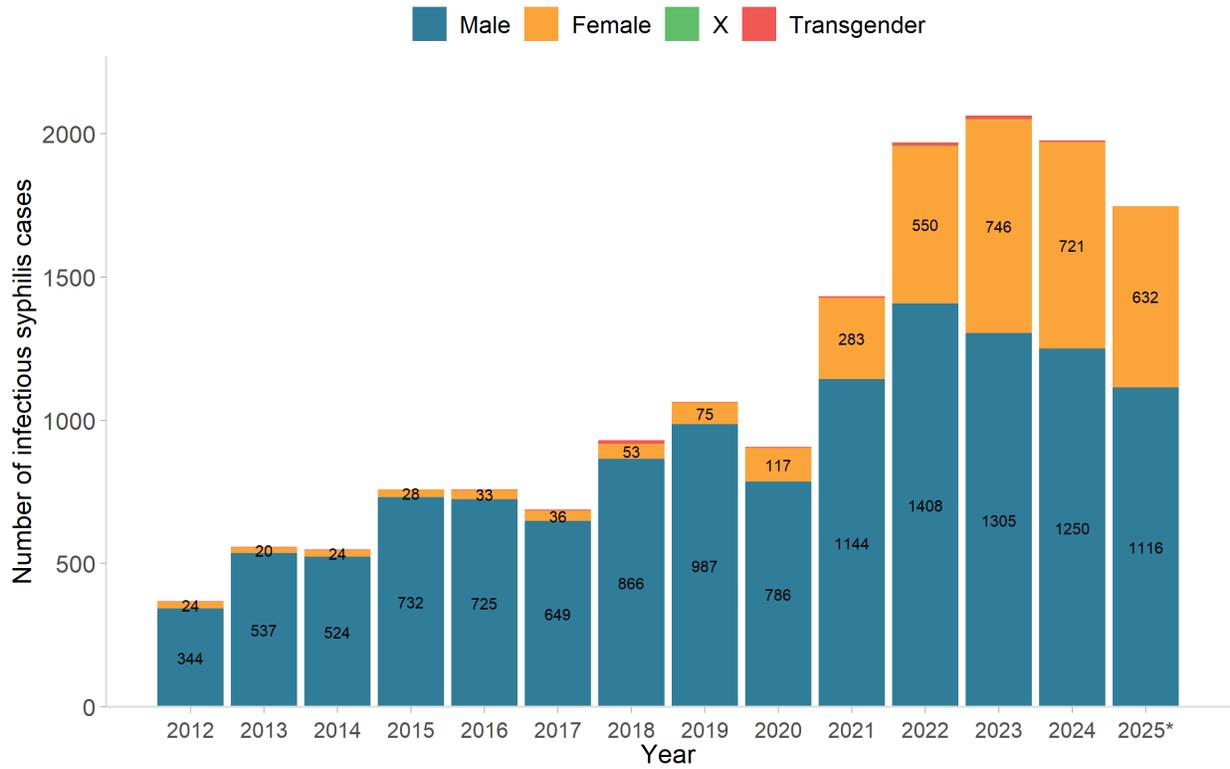


## 3. Infectious syphilis case reports in BC by month



# Infectious Syphilis by Sex or Gender and Age Group

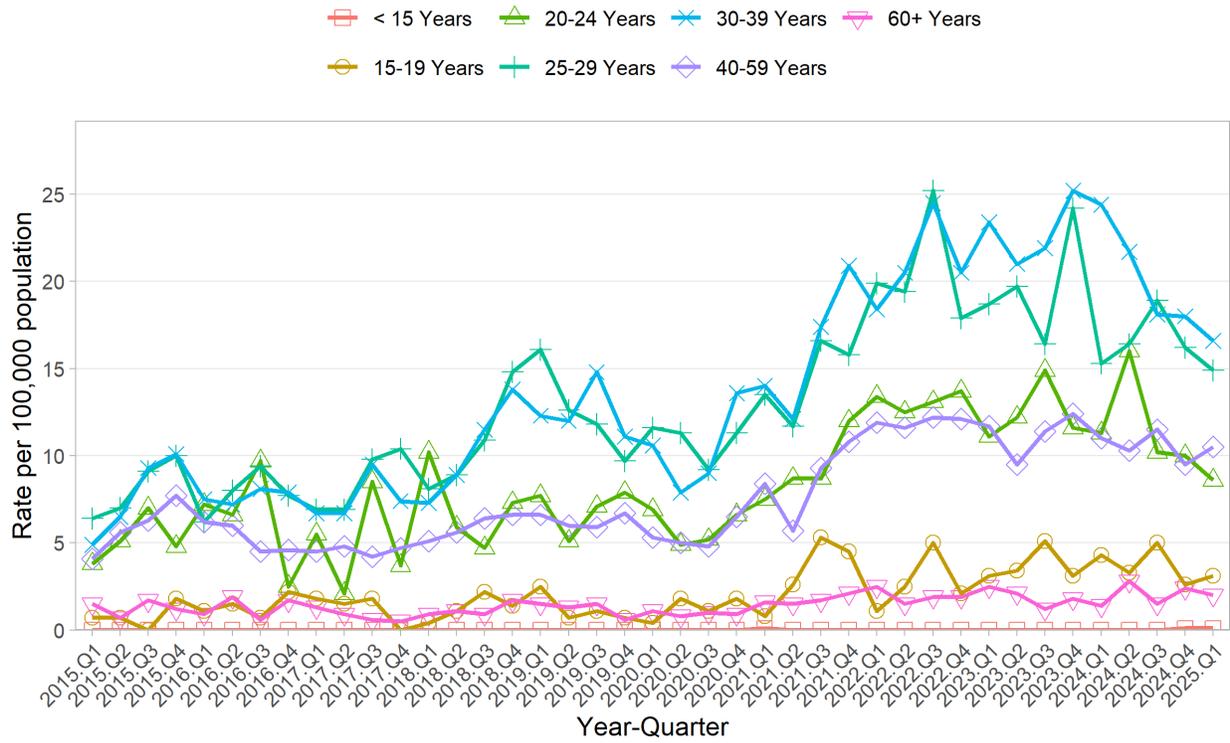
## 4. Infectious syphilis case reports in BC by sex or gender, 2012-2025\*



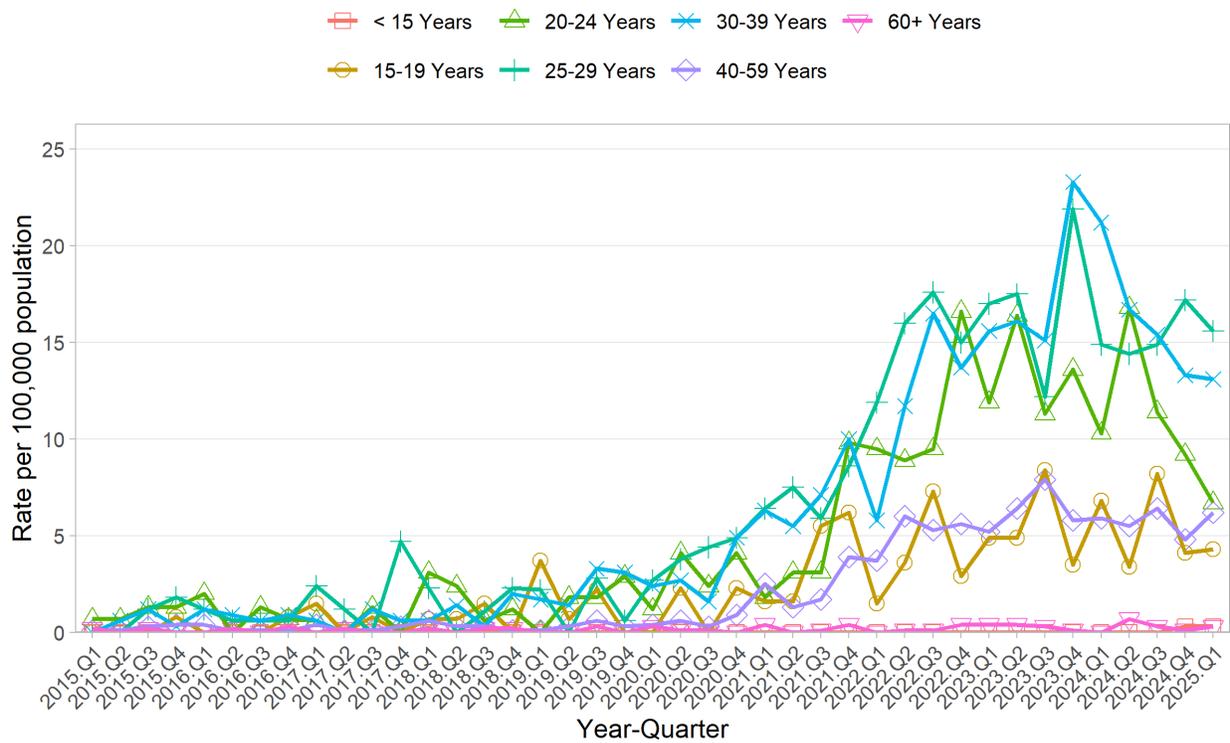
\*Projected case counts.

Note: Labels shown for male and female infectious syphilis cases. Collection on transgender as a sex and gender value began in 2018 in the new EMR system.

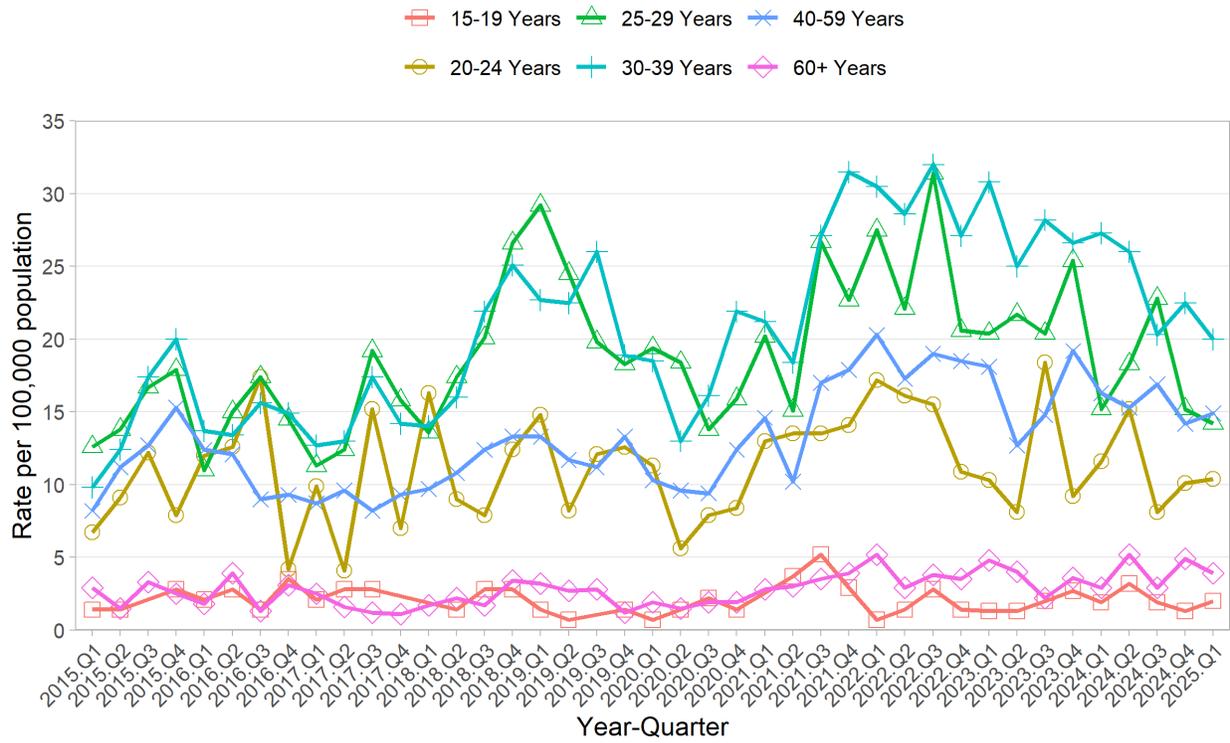
### 5. Rate of infectious syphilis case reports in BC by age group and by quarter - Total



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

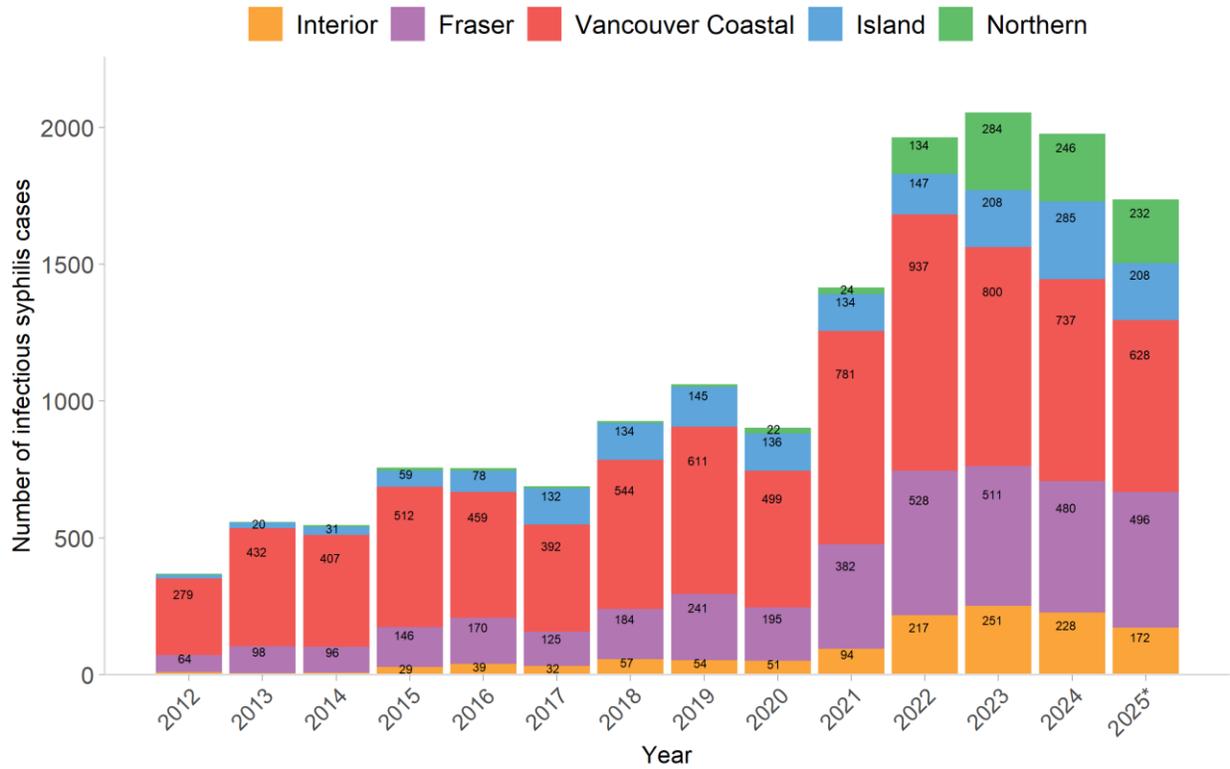


## 7. Rate of infectious syphilis case reports in BC by age group and by quarter - Male



# Infectious Syphilis by Regional Health Authority

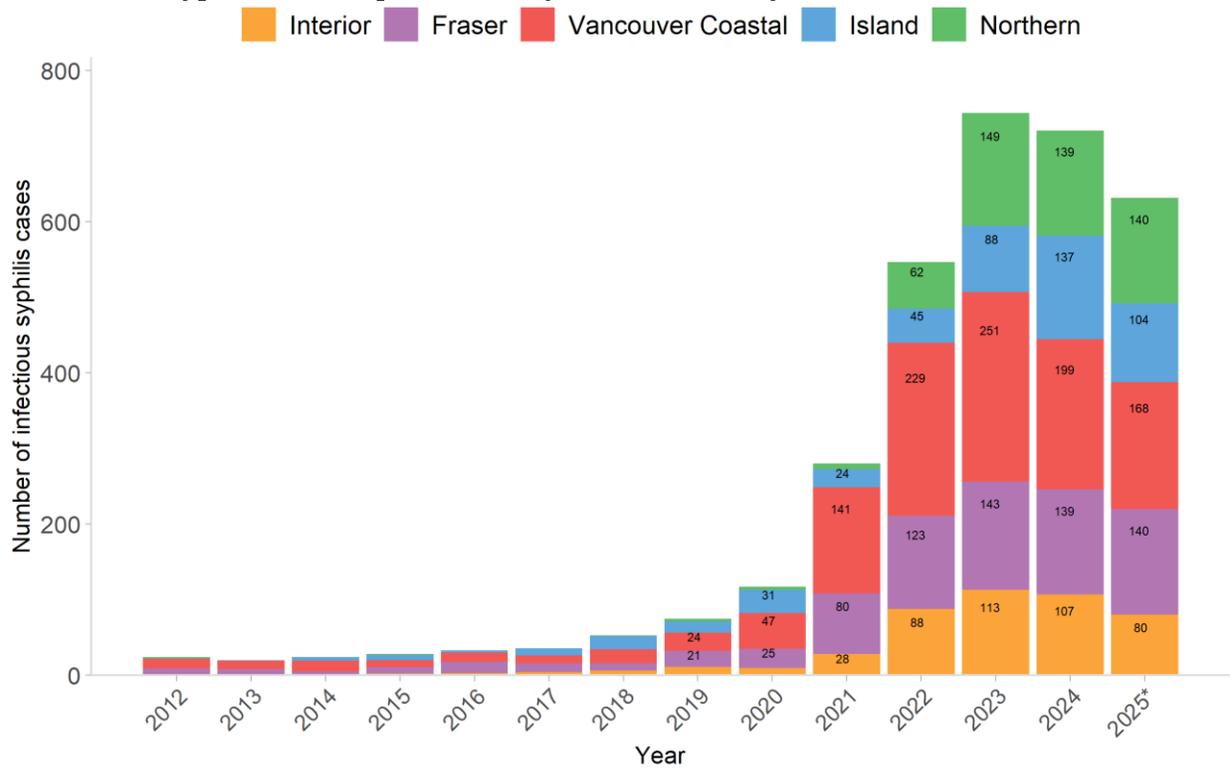
## 8. Infectious syphilis case reports in BC by health authority 2012-2025\* - Total



\*Projected case counts.

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

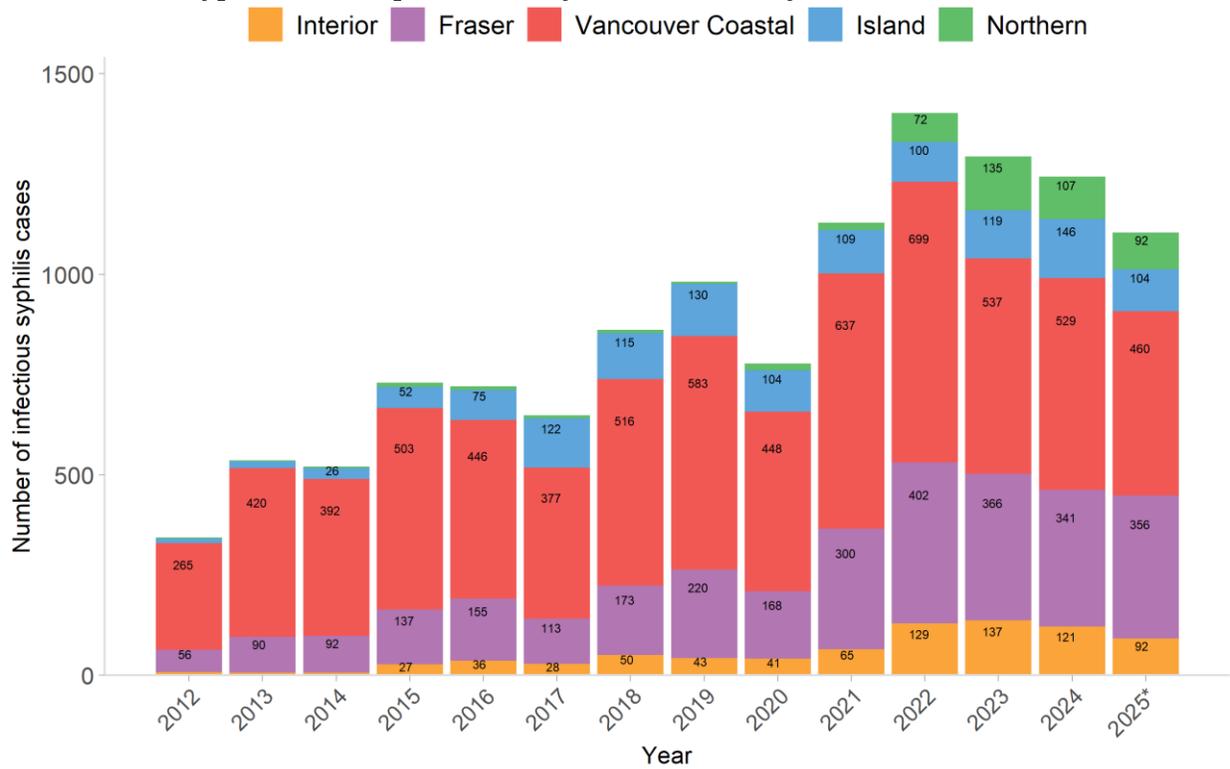
### 9. Infectious syphilis case reports in BC by health authority 2012-2025\* - Female



\*Projected case counts.

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

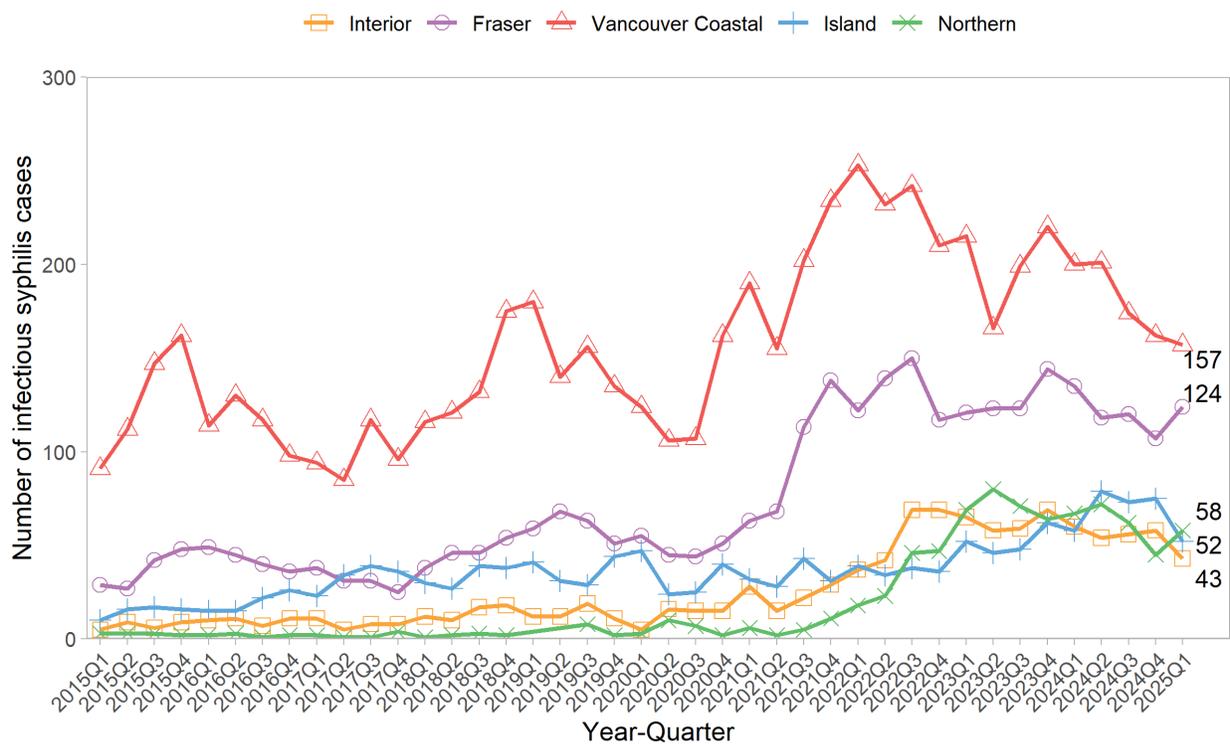
### 10. Infectious syphilis case reports in BC by health authority 2012-2025\* - Male



\*Projected case counts.

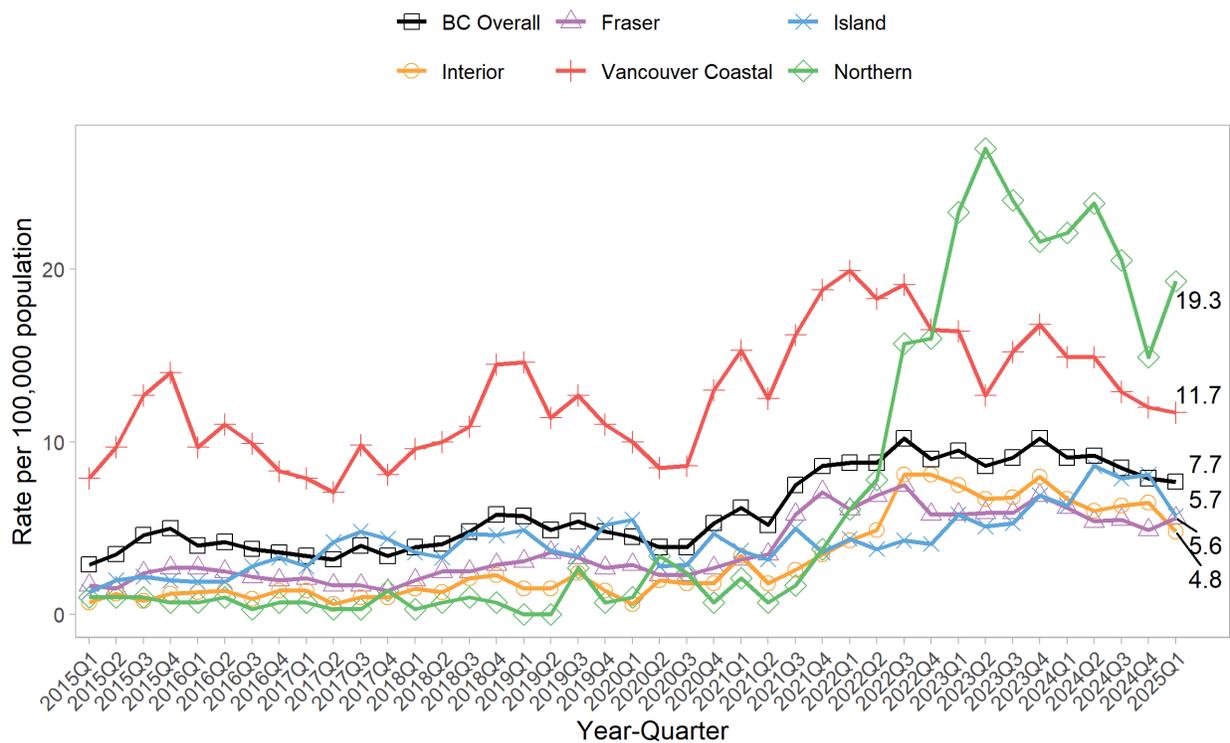
Note: Excludes missing and unknown geography. Counts are shown for case counts >=20.

### 11. Count of infectious syphilis case reports in BC by health authority and by quarter



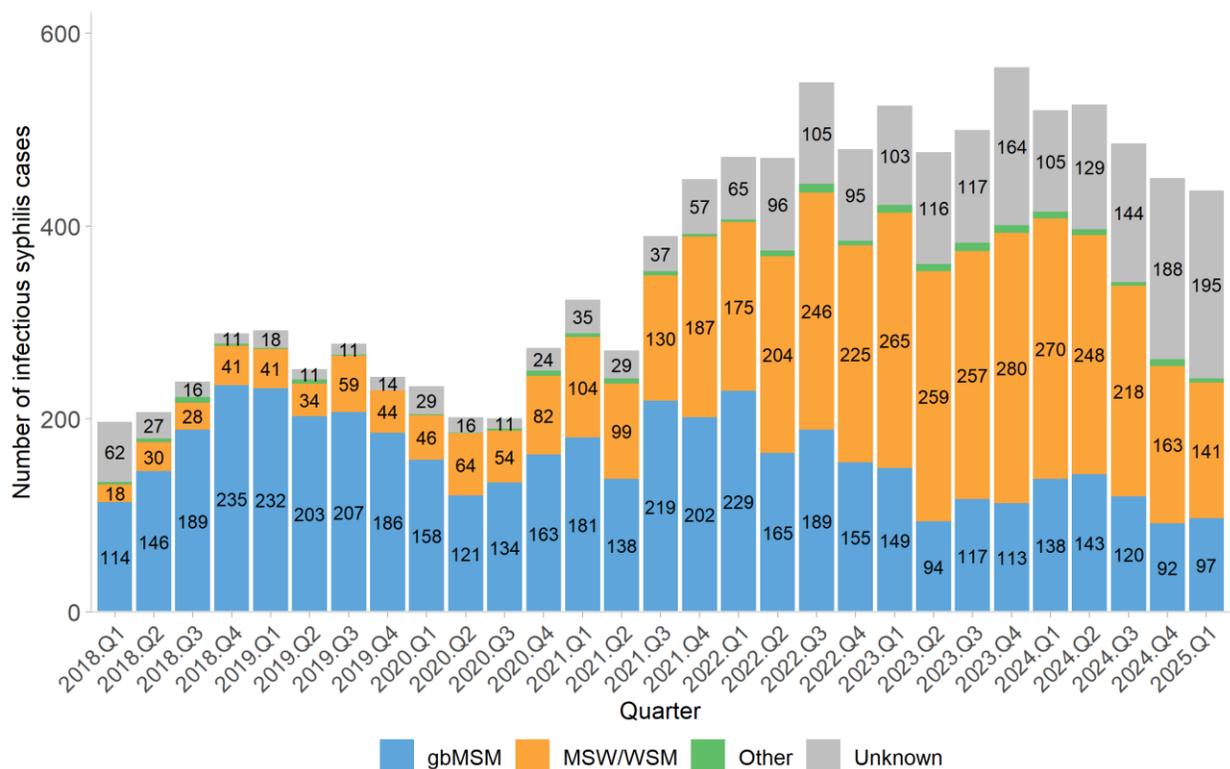
Note: Excludes missing and unknown geography.

### 12. Rate of infectious syphilis case reports in BC by health authority and by quarter



## Infectious Syphilis by Sex/Gender and Gender of Sexual Partner

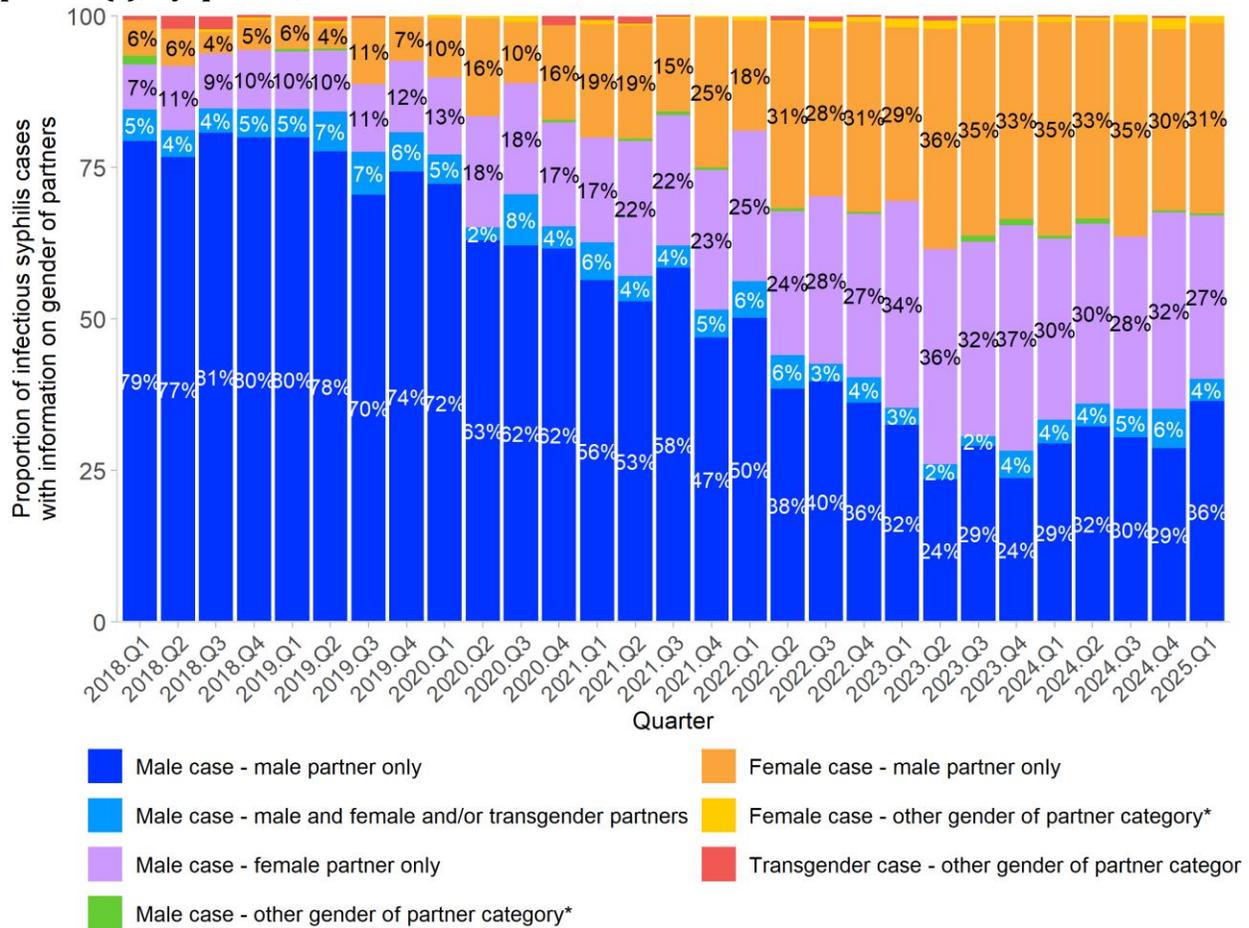
### 13. Counts of infectious syphilis case reports by aggregated gender of sexual partner categories and by quarter, 2018 to 2025



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.

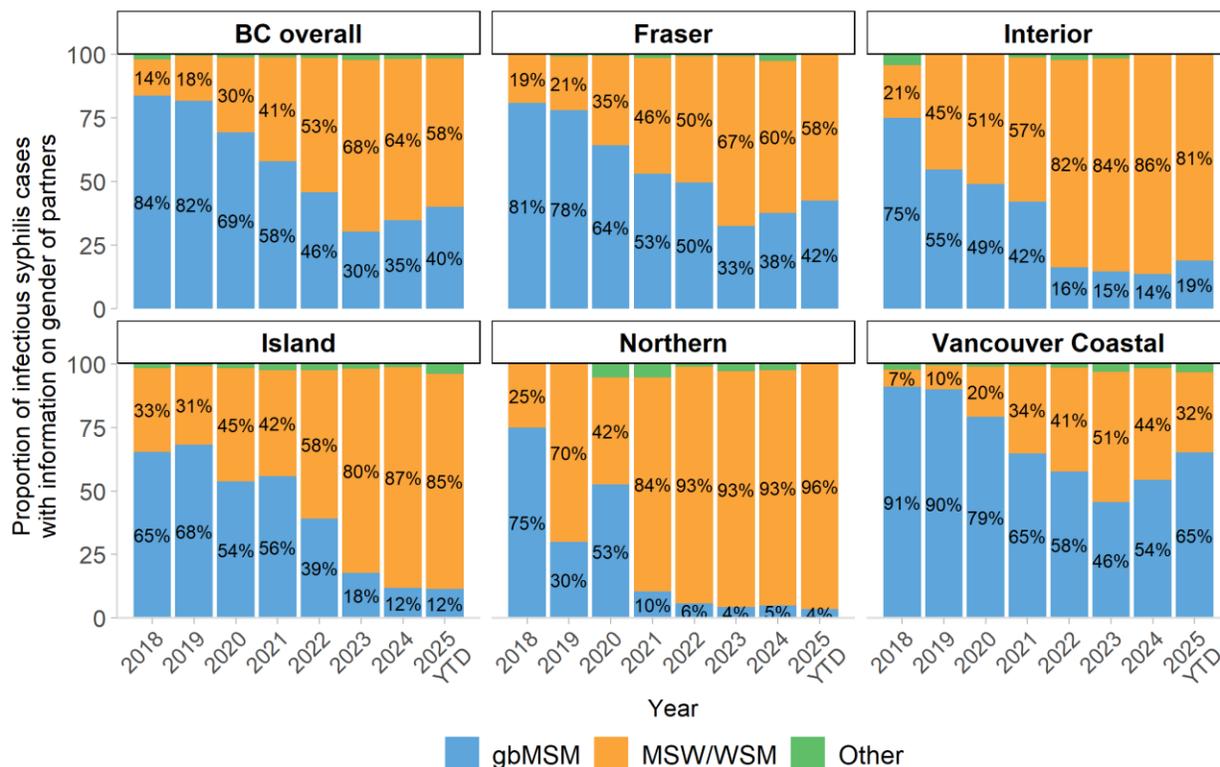
### 14. Proportion of infectious syphilis cases by reported sex/gender and gender of sexual partner(s), by quarter, 2018 to 2025



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.

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

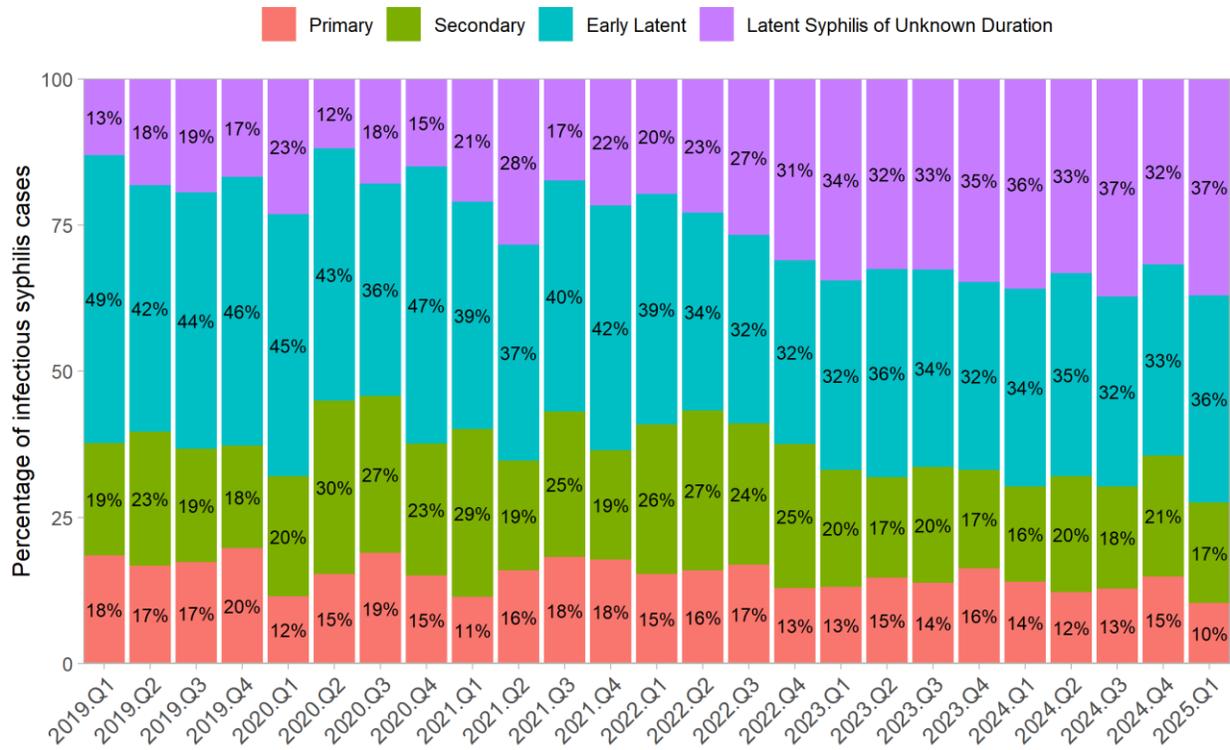


Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. Data shown reflect male, female, and transgender responses only. Cases with missing information on gender of sexual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

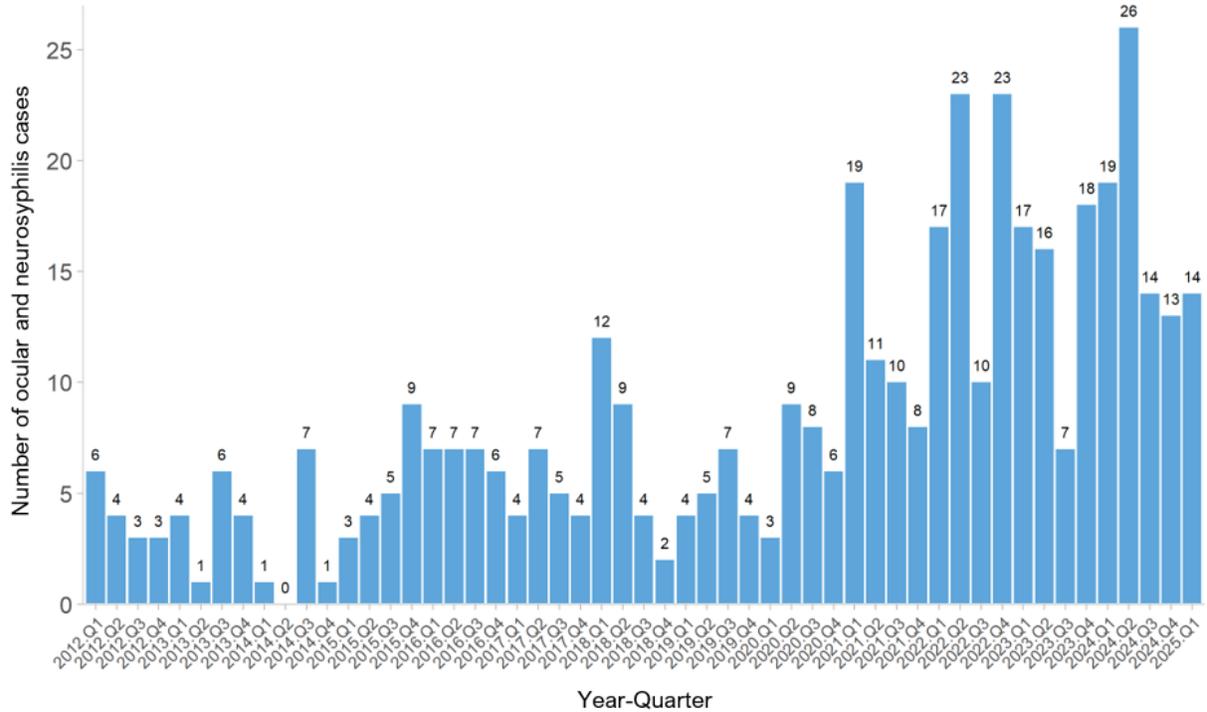
## 16. Proportion of infectious syphilis case reports in BC by stage of infection and by quarter



Note: Early Latent Probable has been re-labeled as [Latent Syphilis of Unknown Duration](#) in the BC case definitions. In surveillance reports prior to 2023Q3, Early Latent and Latent Syphilis of Unknown Duration stages were grouped together for reporting as 'Early Latent'.

# Infectious Ocular And Neurosyphilis

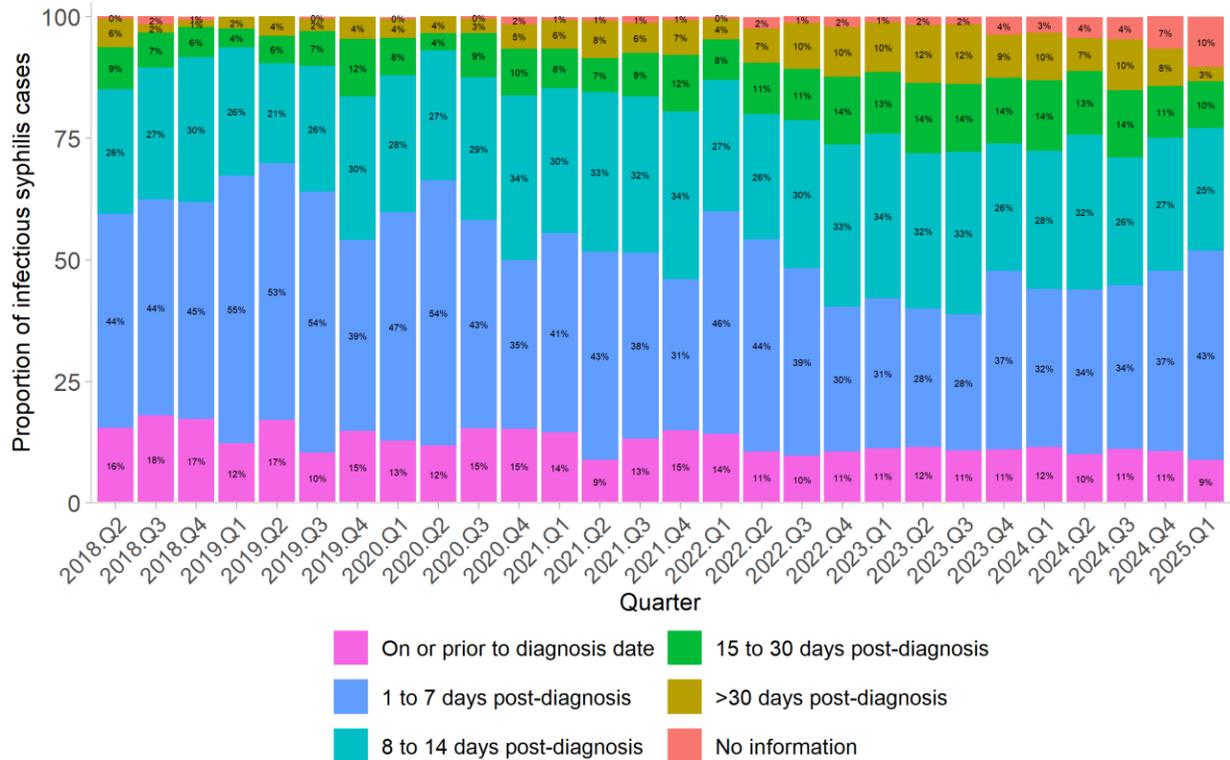
## 17. Infectious ocular and neurosyphilis case reports in BC by quarter



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

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

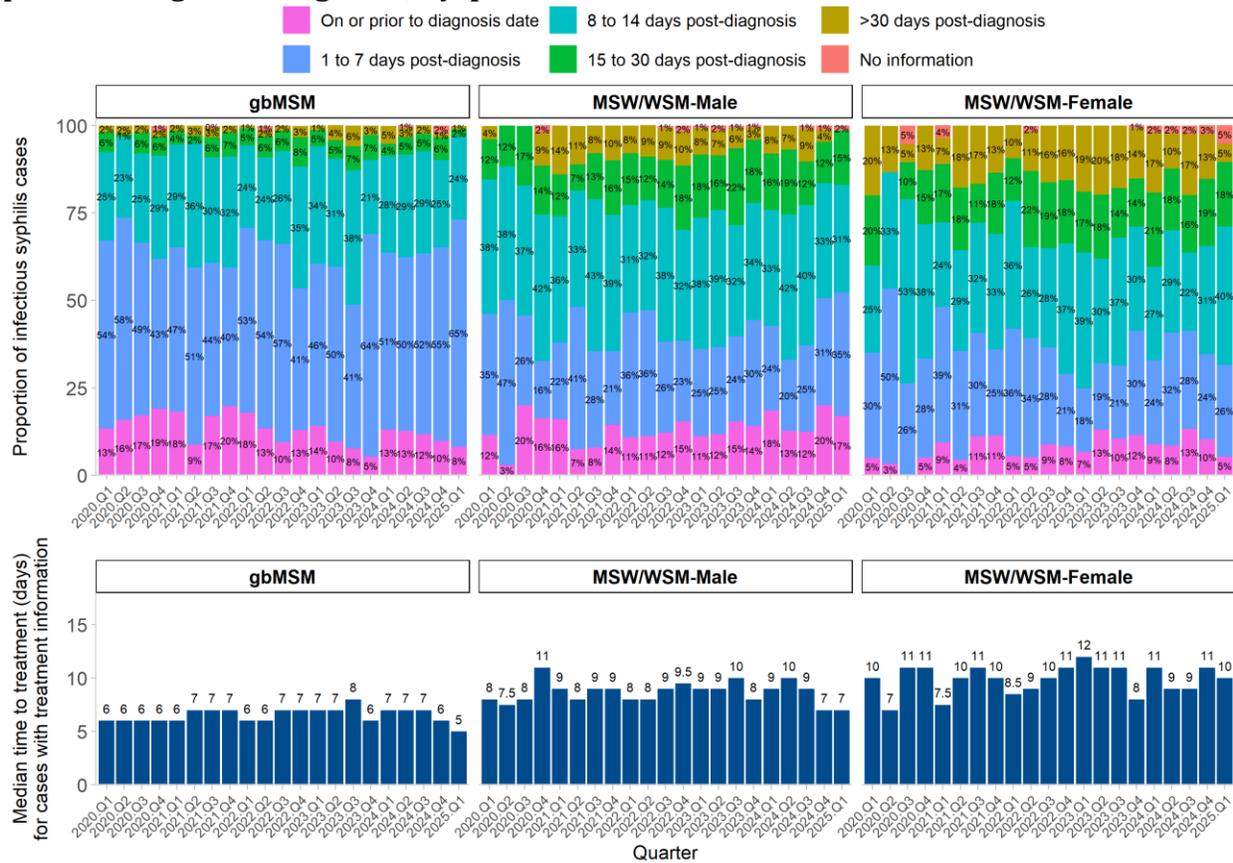


Note: This figure presents data on time to receipt of first syphilis treatment rather than time to treatment completion. Infectious syphilis cases without information on treatment may include: individuals for whom follow-up is ongoing, individuals who were not treated, and/or instances where treatment information was not adequately captured within 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.



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



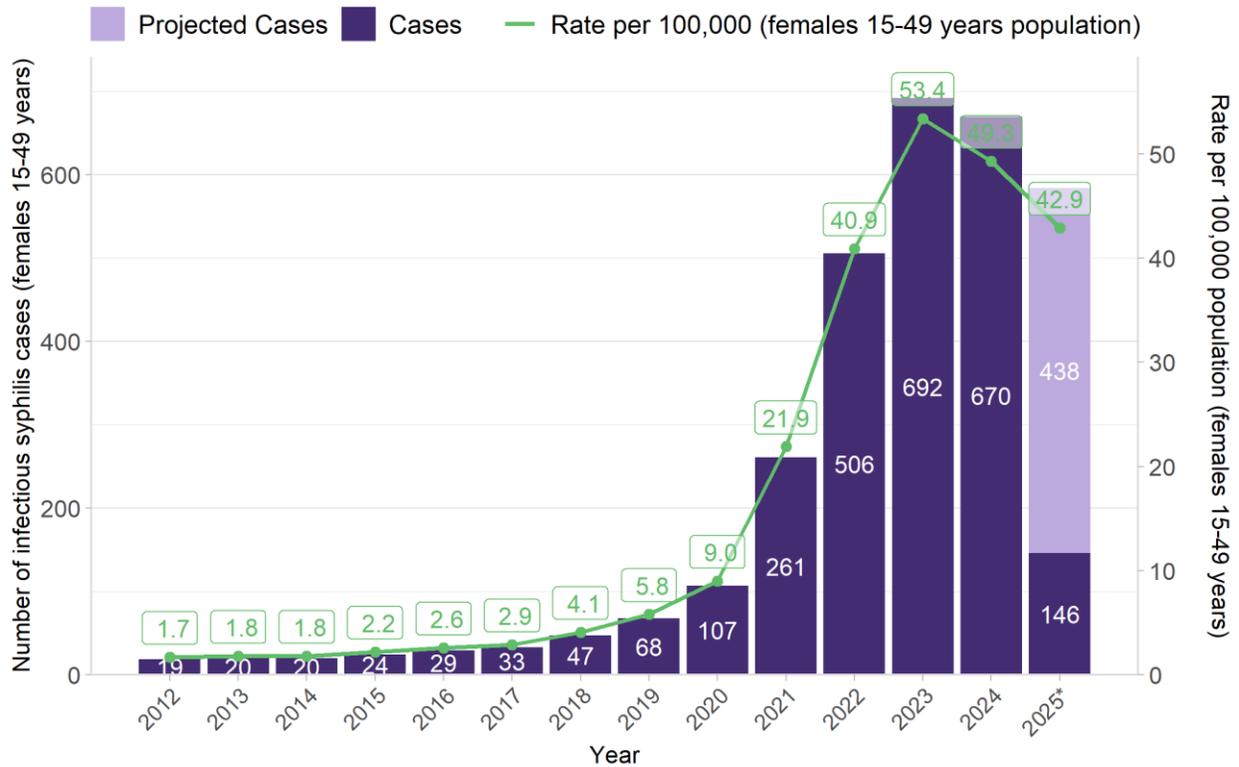
Note: Gender of sexual partner is based on the “gender of sexual partners” variable values collected in Intrahealth Profile EMR which is structured as male, female, transgender and unknown. **gbMSM** (gay, bisexual, and other men who have sex with men) includes male cases who reported having male partners 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 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.

## Infectious Syphilis among Females 15-49 years

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

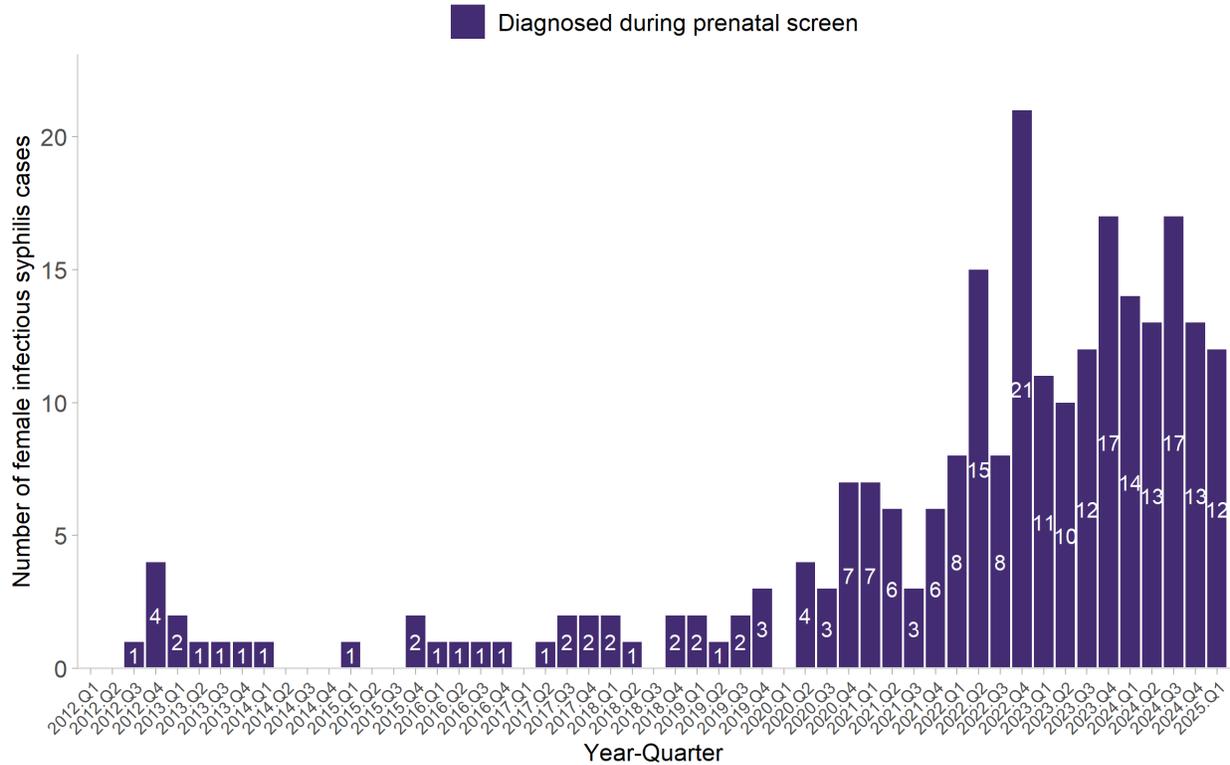


\*Projected rate for 2025.

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

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

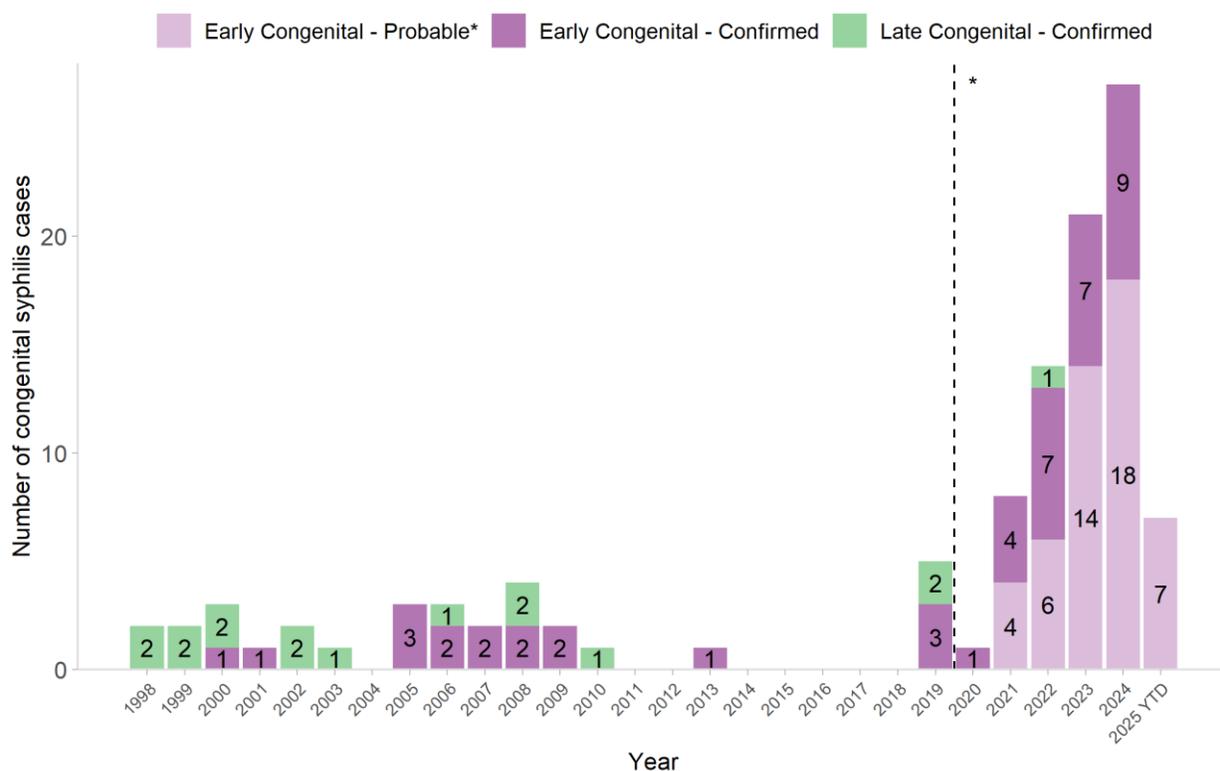


Note: Includes maternal infectious syphilis cases aged 15-49 years from STI-IS (cases prior to March 13, 2018) and female infectious syphilis cases aged 15-49 years who were indicated as being pregnant at their time of diagnosis in Intrahealth Profile EMR (cases from March 13, 2018 onwards).

## Congenital Syphilis

### 23. Congenital syphilis case reports in BC by stage, 1998-2025 YTD

Cases of congenital syphilis reported in the figure below are those that meet the [BC case definitions](#). It is important to note that the burden and impact of syphilis on fetal and infant health extends beyond the cases shown (e.g., fetal loss prior to 20 weeks' gestation, infants without or having inconclusive serology findings, infants who are followed up and treated empirically for congenital syphilis but do not meet the case definitions).



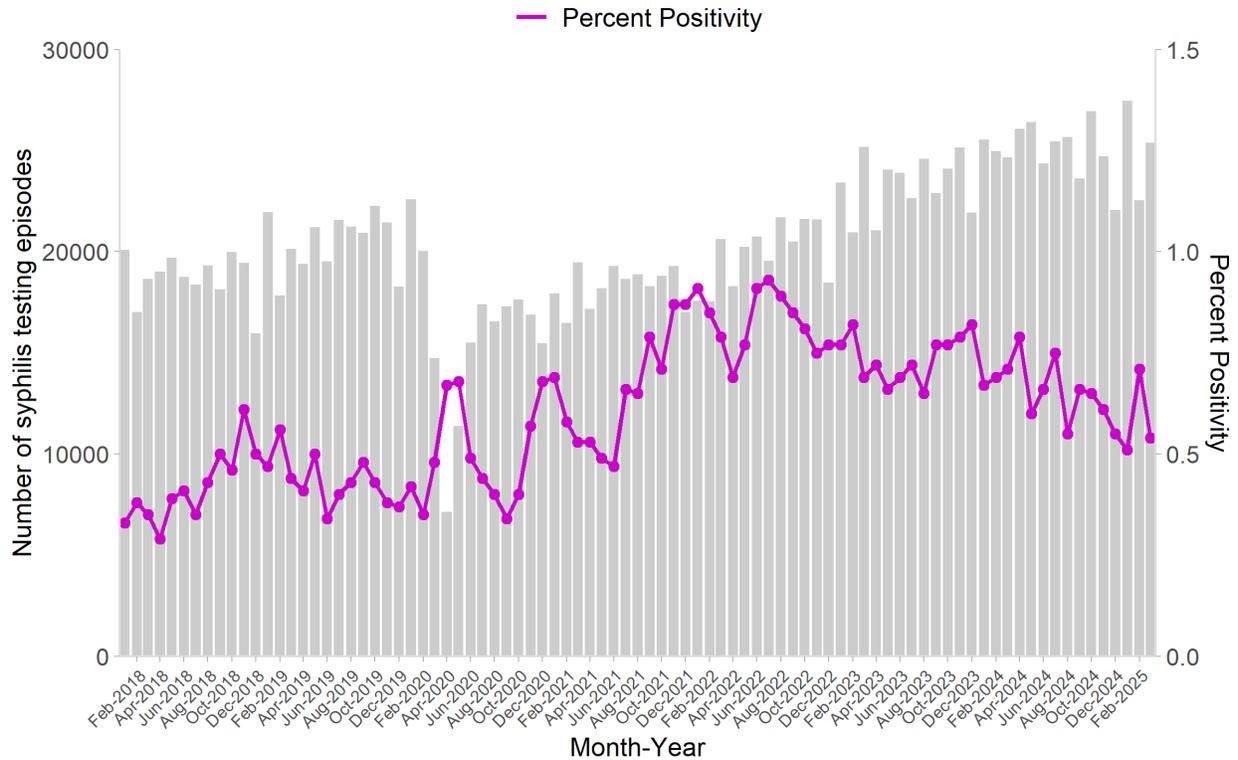
YTD = January to March 2025

Note: BC adopted a modified federal case definition for congenital syphilis in February of 2025. This case definition is applied to all congenital cases from January 1, 2017 onwards, and wholly replaces the previous provincial definition of congenital syphilis used in this time frame. See [congenital syphilis case definitions](#) for further details. From 2021 onwards, presumptively treated congenital cases were staged as probable congenital syphilis. Prior to this, these cases were not counted. As a result, there are no probable congenital syphilis cases reported prior to 2020; trends should be interpreted with caution.

- Between 2019 and 2024, 10 cases of confirmed early congenital syphilis resulted in either **stillbirth** (death of a fetus that occurs at  $\geq 20$  weeks' gestation or  $\geq 500$  g birth weight in which, after the expulsion or extraction from mother/birthing parent, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle) or **early neonatal loss** (death of infant within 7 days of live birth).

# Syphilis Testing Episodes

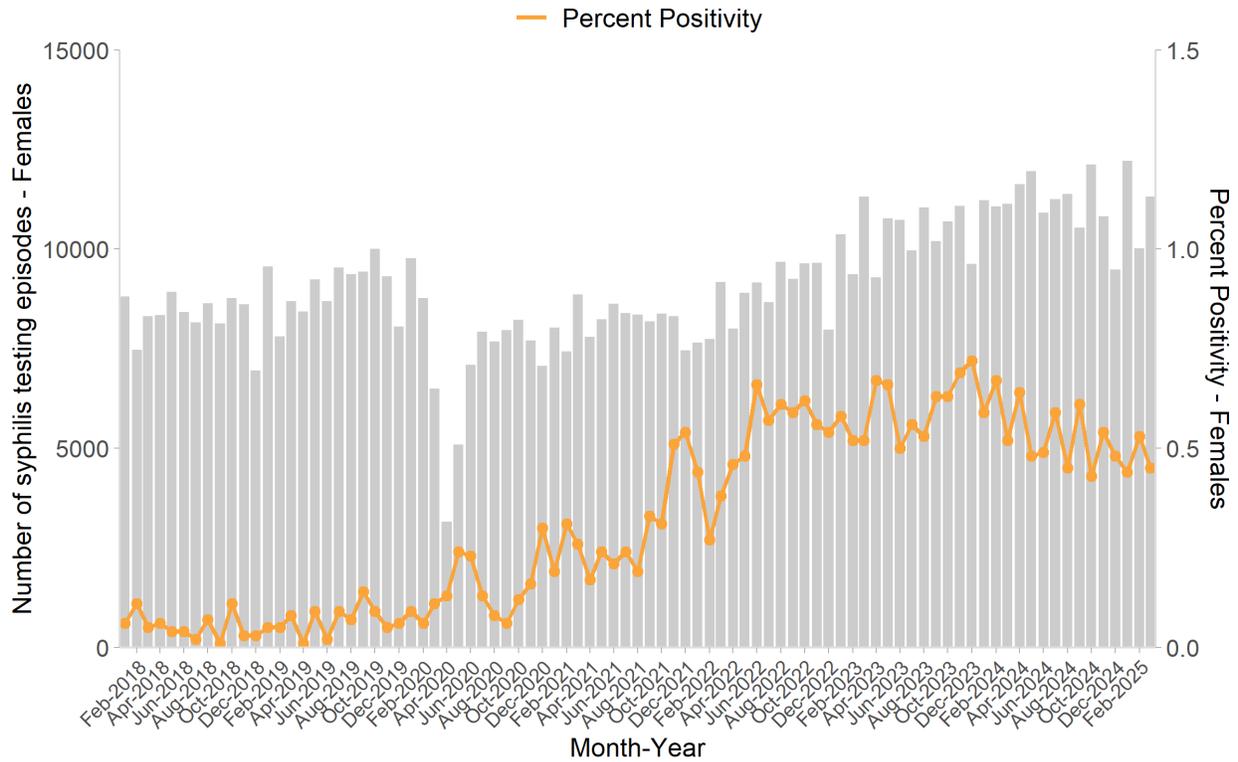
## 24. Syphilis non-prenatal testing episodes\* and percent positivity in BC by month - Total



\*Testing episode = 30-day window (see technical appendix for further details)

Note: Percent positivity is calculated as the number of infectious syphilis cases over the number of syphilis testing episodes.

## 25. Syphilis non-prenatal testing episodes\* and percent positivity in BC by month - Female

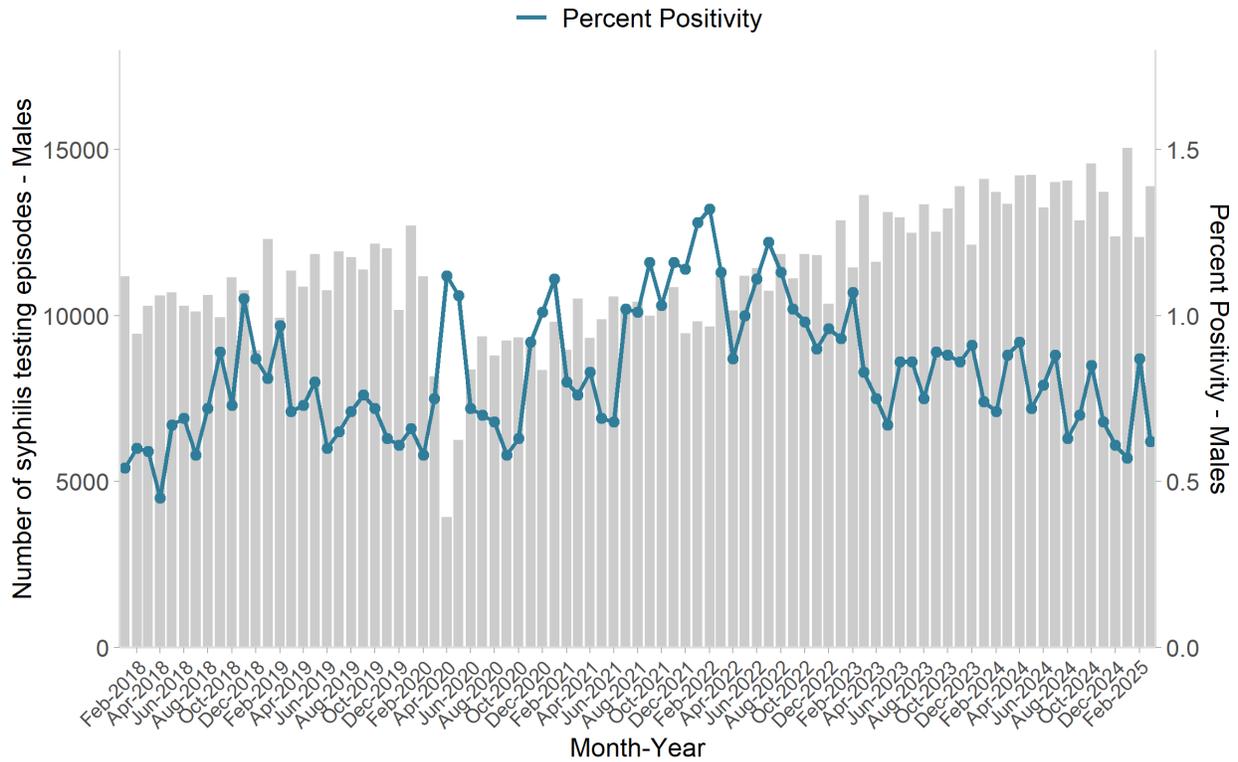


\*Testing episode = 30-day window (see technical appendix for further details).

Note: Percent positivity is calculated as the number of infectious syphilis cases over the number of syphilis testing episodes.

-The number of female syphilis non-prenatal testing episodes is based on sex reported on the laboratory requisition. The number of female infectious syphilis cases is based on sex/gender variable values collected in Intrahealth Profile EMR.

## 26. Syphilis non-prenatal testing episodes\* and percent positivity in BC by month - Male



\*Testing episode = 30-day window (see technical appendix for further details).

Note: Percent positivity is calculated as the number of infectious syphilis cases over the number of syphilis testing episodes.

-The number of male syphilis non-prenatal testing episodes is based on sex reported on the laboratory requisition. The number of male infectious syphilis cases is based on sex/gender variable values collected in Intrahealth Profile EMR.

# 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 2025Q1 infectious syphilis report were extracted from Intrahealth Profile EMR on April 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.

**Testing data:** Data were extracted from the BCCDC PHRDW STIBBI Mart on April 14, 2025. This report contains **non-prenatal and non-perinatal** testing data for syphilis.

- A test episode considers all tests conducted for an individual in a 30-day period as a single test episode (as follow-up or simultaneous test may be required to clarify test results within this period, for example). Therefore, test episodes may be an underestimation of health system access/usage for syphilis testing.
- The geo-location algorithm for testing prioritizes ordering provider address, followed by the client's address if the former is missing. In the data source (PHRDW STIBBI Mart) used for this report, client geographic region is based on the address of the client, as recorded in the lab information system (LIS) at the time of the test. There is no historical snapshot of client addresses from LIS in PHRDW STIBBI Mart; therefore, when client addresses change in the LIS, the new address is retrospectively updated on all tests on record in PHRDW/STIBBI Mart for that client. As a result of this, tests in this report may change over time to another geographic region if there is no ordering provider address and a client has moved to a different region after testing and their address was then subsequently updated in LIS.

Please note: We have noticed small fluctuations in testing volumes over time. The CPS surveillance team is currently working with the BCCDC PHRDW team in investigating the source issue within STIBBI Mart. These fluctuations are very small and therefore do not impact the indicators shown in this report, however, please interpret these data with caution.

**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).