



# Infectious syphilis and congenital syphilis in Canada, 2022\*

## INFECTIOUS SYPHILIS

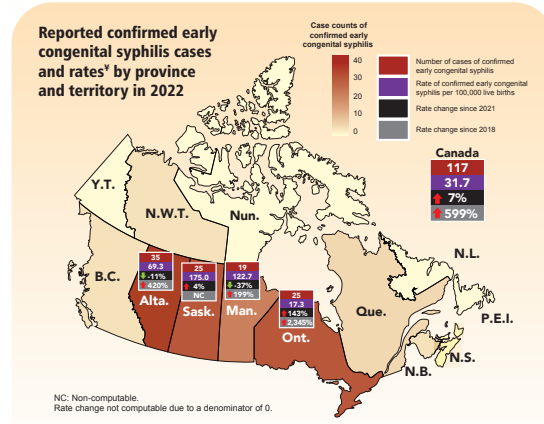
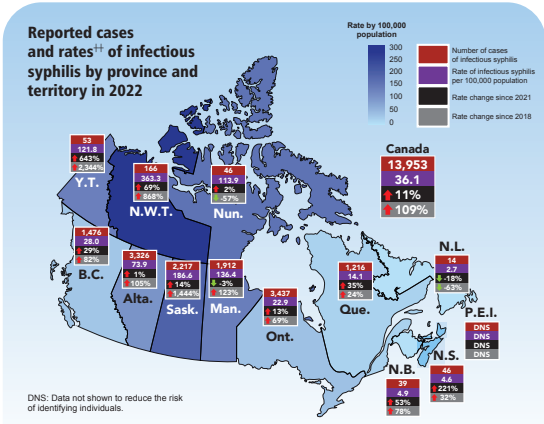
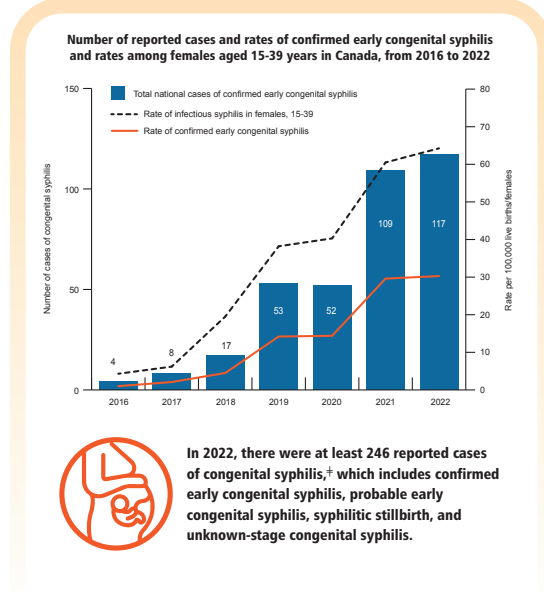
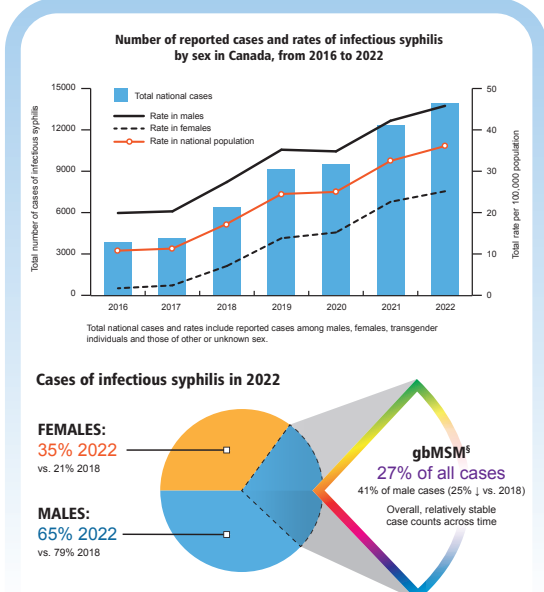
There were **13,953 cases** of infectious syphilis\*\* reported in 2022, corresponding to a **rate of 36.1 cases per 100,000 population**

- ↑ **11% rate increase since 2021**
- ↑ **109% rate increase since 2018†**

## CONGENITAL SYPHILIS

There were **117 cases** of confirmed early congenital syphilis\*\* reported in 2022, corresponding to a **rate of 31.7 cases per 100,000 live births**

- ↑ **7% rate increase since 2021**
- ↑ **599% rate increase since 2018†**



**Rates between 2020 and 2022 occurred in the context of the COVID-19 pandemic, which included a period of decreased demand for and access to sexually transmitted and blood-borne infection (STBI) services.‡**

**Social and structural determinants of health and health inequities play a role in the inequitable occurrence of syphilis across different populations.‡**

**Syphilis screening and timely treatment are essential to prevent transmission and complications. Find PHAC's recently updated syphilis screening recommendations in the STBI Guides for Health Professionals.**

\* Data were directly obtained from provinces and territories (PTs) through both routine and enhanced surveillance systems for syphilis. Due to periodic updates of surveillance data, counts and rates may change over time. In cases of discrepancy between data reported by PHAC and those reported by individual PTs, PT data should be considered more accurate as they are the most current.

† Infectious syphilis includes the primary, secondary, early latent and infectious neurosyphilis (less than one year after infection) stages of infection, during which syphilis is transmissible. Confirmed early congenital syphilis is defined as a laboratory confirmation of infection by *Treponema pallidum* occurring within the first 2 years of birth.

†† Reference: Case definitions for diseases under national surveillance. Can Comm Dis Rep 2020;26(53). Retrieved August 2023, from <https://www.canada.ca/en/public-health/services/cases/syphilis-health-professionals-national-case-definition.html>

‡ Rates are calculated against a 2018 benchmark to allow for comparability purposes, with Government of Canada commitments in 2018 to World Health Organization (WHO) 2030 global STBI targets. The targets include a 90% reduction of syphilis incidence and 50 or fewer cases of congenital syphilis per 100,000 live births. (1) Public Health Agency of Canada. (2018) Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBI framework for action. <https://www.canada.ca/en/public-health/services/cases/syphilis-health-professionals-national-case-definition.html>

§ Survey of the impact of COVID-19 on the ability to provide STBI prevention, testing and treatment including harm reduction services in Canada. Public Health Agency of Canada, Centre for Communicable Diseases and Infection Control. 2022. <https://www.canada.ca/en/public-health/services/cases/syphilis-health-professionals-national-case-definition.html>

¶ gbMSM: Gay, bisexual, and other men who have sex with men. Note that only 8 PTs (B.C., Alta., Sask., Ont., N.B., N.S., Y.T., N.W.T.) have consistently submitted data on cases among gbMSM since 2018, therefore only these PTs are included in calculations of gbMSM proportions. Data on other priority populations are not currently available for analyses.

‡ Aho, J., Lybeck, C., Teitan, A., Issa, C., Kouyoumdjian, F., Wong, J., Anderson, A., Popovic, N. Rising syphilis rates in Canada, 2011-2020. Can Comm Dis Rep 2022;46(27):52-60. <http://dx.doi.org/10.14731/ccdr/4627021>

‡ Caution should be used when comparing rates across PTs. Reported rates in PTs with a relatively small population size are prone to fluctuation and instability due to small changes in case counts for small population denominators resulting in large rate changes. To contextualize rates, it is also important to look at the case counts per province and territory.

‡ Rate changes for congenital syphilis should be interpreted with caution as changes in case counts based on small denominators are subject to fluctuation and instability, resulting in large rate changes. Congenital syphilis case counts should therefore always be taken into context when interpreting rate changes.

‡ Canada does not currently have a national case definition for probable early congenital syphilis, syphilitic stillbirth, or unknown/unspecified-stage congenital syphilis. Data for these cases are submitted according to each PT's own case definitions. Currently, only Alta., Sask. and Man. have case definitions for probable early congenital syphilis and syphilitic stillbirth. B.C. and Que. have case definitions for both confirmed and probable early congenital syphilis that include stillbirths, while Y.T. has a case definition for confirmed cases only of early congenital syphilis that includes stillbirths. In addition, the N.W.T. has a case definition for syphilitic stillbirth, but not for probable early congenital syphilis.

