THE STRATEGIC COUNSEL

Health Canada Santé Canada

HIV, SYPHILIS AND SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI) AWARENESS AND PERCEPTIONS SURVEY

Executive Summary

Prepared for Health Canada

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Canada

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Executive Summary

A. Background

A core principle of the Public Health Agency of Canada's (PHAC) is to protect people in Canada from infectious diseases by predicting, detecting, assessing and responding to outbreaks and new threats. Additionally, PHAC contributes to the prevention, control and reduction of the spread of infectious disease among the public.

Recent outbreaks of syphilis are a major public health concern, particularly among key populations with higher vulnerability to acquiring sexually transmitted and blood-borne infections (STBBI), including Indigenous communities, gay, bisexual and other men who have sex with men (gbMSM), youth and young adults across Canada, due to compounding issues such as a higher likelihood of exposure, systemic barriers, and higher-risk behaviours. The Government of Canada is committed to accelerating prevention, diagnosis and treatment to reduce the health impacts of STBBI, including syphilis, in Canada by 2030 as highlighted in the Government of Canada Five-Year Action Plan on STBBI. Key priorities included in the Action Plan are to:

- Reduce the health impacts of STBBI among key populations;
- Address stigma and discrimination; and
- Reach the undiagnosed by increasing access to STBBI testing.

As part of its commitment to the global goal of ending HIV and AIDS as a public health concern by 2030, the Government of Canada is committed to meeting global 95-95-95 targets by 2025 – 95% of all people living with HIV know their status, 95% of those undiagnosed receive antiretroviral treatment and 95% of those on treatment achieve viral suppression. At the end of 2020, an estimated 62,790 people were living with HIV in Canada. Among those living with HIV, an estimated 90% were diagnosed. Of those diagnosed, 87% were estimated to be on treatment and 95% of persons on treatment were estimated to have a suppressed viral load. In other words, 16,690 individuals did not attain viral suppression and were still at risk of transmitting HIV due to a lack of access and uptake of effective HIV prevention, testing and treatment options. In the same year, an estimated 1,520 new HIV infections occurred in Canada.

Despite ongoing efforts, several key populations continue to face systemic barriers when trying to access health services, including: lack of awareness and knowledge surrounding HIV, limited access to cultural and linguistically appropriate services, and fear and stigma surrounding HIV. Additionally, widespread misconceptions about HIV transmission and what it means to live with HIV today, along with a lack of information and awareness around HIV and old beliefs continue to create fear, negative ideas and stereotypes around people who are affected by, and vulnerable to HIV. Stigma and discrimination can increase vulnerability to HIV by affecting self-esteem, social support networks and mental health as highlighted in both the Government of Canada Five-Year Action Plan on STBBI and the Chief Public Health Officer's 2019 and 2021 Reports.

Concerns about discrimination by health care providers and negative experiences with the health care system are also barriers to accessing health services generally, as well as for HIV testing and treatment. Fear of disclosure and rejection, feelings of shame, isolation, and despair related to internalized stigma can also keep people from getting tested and treated for HIV. This stigma also extends beyond healthcare as

people may worry about disclosing their infections to their family or community out of fear of rejection or exclusion.

Across Canada, syphilis remains a public health threat with rates of infectious syphilis rapidly increasing over the last several years (109% from 2018 to 2022). These increases have also caused the re-emergence of congenital syphilis due to untreated syphilis among pregnant people. In 2022, 117 cases were reported compared to 17 in 2018, representing an increase of 599%. Several factors impact the rates of syphilis in Canada, including poverty, housing instability, risk behaviours (such as unprotected sex and substance use), racism, stigma and discrimination within health systems, and challenges with access to care. Additionally, some reported risk factors associated with maternal or congenital syphilis, include having inadequate or no prenatal care. Overall syphilis cases are preventable with increased awareness, access to appropriate early interventions, testing and treatment. In supporting the global goal of ending syphilis as a public health concern by 2030, the Government of Canada is committed to working with partners and stakeholders across the country to address the rising rates of syphilis.

B. Research Objectives

1. Purpose

The primary objective of this research is to establish a baseline level of awareness and identify barriers to access among people in Canada aged 16 and over, and those at the highest risk of contracting STBBI.

2. How the Research Will Be Used

The research findings will be used to measure baseline levels of awareness which will subsequently inform the need for and the type of continued awareness raising efforts, as well as identify gaps in knowledge, barriers to care, and areas where engagement with various stakeholders can be strengthened to advance government priorities related to STBBI.

Additionally, the research findings will help guide future communications, advertising, and marketing activities for STBBI to ensure that they reach and resonate with at-risk and priority populations.

3. Objectives

Specific objectives for this research study were to:

- Determine levels of awareness, perceptions and attitudes towards HIV/AIDS and syphilis in Canada;
- Assess levels of stigma (both self-stigma and external sources of stigma) associated with a positive HIV/AIDS or syphilis diagnosis;
- Measure the current level of knowledge among Canadians about HIV/AIDS and syphilis;
- Identify the barriers to accessing care for HIV/AIDS and syphilis among key populations;
- Measure awareness and impact of existing messaging strategies for HIV/AIDS and syphilis; and
- Identify opportunities for improving knowledge about risk factors for STBBI, improving knowledge about HIV/AIDS and syphilis, and reducing associated stigmas.

C. Methodology in Brief

An online methodology was undertaken to complete this research study, utilizing an online panel of the Canadian public, aged 16+, as well as an online panel of medical professionals.

A 15-minute online survey was administered to 3,100 Canadians, aged 16 and older and 250 health care professionals.

The sample for this study was segmented into two: general public and health care professionals.

- The general public sample consisted of people in Canada, aged 16+ with quotas set for region and age. Within this audience, oversamples for three priority groups were obtained – Indigenous Peoples, those from at-risk ethnic minority communities (including African, Black, and Caribbean), and members of the 2SLGBTQI+ community.
- The health care professionals sample consisted of nurses, family physicians, obstetrician-gynecologists (OBGYNs), dentists and pharmacists. No additional quotas were set.

Monitoring was undertaken while the survey was in field in order to ensure quotas were met. For the general public, a disproportionate sampling plan was employed, including oversampling in Atlantic Canada and the Prairies to ensure sufficiently robust samples in these areas to be able to analyze the results within and between regions. Additional quotas were set by age to ensure good representation from younger people in Canada. A weighting scheme was applied in order to bring the final sample back into line with the distribution of the population in Canada, by region[1]. For health care professionals, no weighting was applied to the sample.

Given the reliance on a commercial online panel as the primary methodology, the study utilized a non-probability approach to sampling. As such, a margin of error cannot be applied to the final sample and no inferences can be made to the broader target population. The fieldwork was conducted between November 3rd and November 23rd, 2023.

D. Total Contract Value

The total value of the contract to undertake this study, including HST was $149,999.31.

E. Note to readers

The design of the general public survey included oversampling of specific communities (e.g., Black, Indigenous, and 2SLGBTQI+ communities). As relevant, notable findings for these target audiences are also presented below as relevant and contrasted with the results for the general public as a whole. A more focused analysis of these target audiences is also included at the end of each section following the detailed results applicable to the general public sample. All differences highlighted are statistically significant at the 95% confidence level. It should also be noted that where cell sizes for analysis were quite small (i.e., fewer than 50 respondents), further demographic and regional analysis was not undertaken.

[1] The weighting scheme was developed to align the data regionally with Census 2021 data from Statistics Canada.

Analysis of findings from the survey of health care practitioners was also undertaken focusing on key differences across professions and by professional setting based on statistically significant differences at the 95% confidence level. However, given the small sample size overall, and thus even smaller numbers at the sub-cell level, these findings should be considered more directional in nature. For the most part, where cell sizes fell below n=30, any differences by profession, professional setting, region or across demographic sub-groups (e.g., gender and age of practitioner) are not reported.

As relevant, comparative data from the general public and health care practitioners' surveys are discussed. However, some caution should be taken in interpreting these results given the relatively small sample of health care practitioners.

In some cases, results may not add up to 100% due to rounding. Results have been rounded based on the tenth decimal point (e.g., 24.51% has been rounded up to 25% whereas 24.49% has been rounded down to 24%).

F. Key Findings

Overarching themes and highlights from this study are outlined below for each of the two main audiences who were surveyed: the general public and health care practitioners. Given that both audiences responded to a set of core questions related to concerns, experiences, and perceived stigma and barriers regarding sexually transmitted and blood-borne infections, results are examined among and across the two audiences to allow for a comparative analysis of responses.

Concern about STBBI Relative to Other Public Health Issues

General Public

- Respondents express relatively high overall levels of concern (from 71% to 85% who say they are *somewhat/very concerned*) on a range of public health issues, including mental illness and suicide among adults and youth, the opioid crisis, e-cigarette use/vaping and obesity (see Section B.B1.A for detailed findings, including demographic variations). In comparison to levels of concern for these issues, respondents are far less concerned about rates of HIV/AIDS (48%) and syphilis infection (42%) – a variance of about 30 to 40 points.
- In general, concern regarding HIV/AIDS and syphilis tends to be higher among the younger demographic (under 35 years of age), those who are single, unemployed, in lower income households, or who have experienced homelessness within the last 5 years. It is also higher among Anglophones as compared to Francophones.
- At the same time, many respondents (47%) disagree that STBBI are a very minor health concern. Only 7% agree.
- Notably, a modest proportion of the general public is *somewhat/very concerned* about contracting HIV (25%), syphilis (22%) or other types of STBBI (concern ranges from a high of 30% for Hepatitis B or C to a low of 21% for Trichomoniasis). Among the target audiences – members of the Black community and those who identify as 2SLGBTQI+ – a much higher proportion report being concerned about their personal risk of contracting a wide range of STBBI, including HIV and syphilis.

Health Care Practitioners

- Across the board, levels of concern for the wide range of health issues assessed are much higher among health care practitioners, ranging from 98% who are *very/somewhat concerned* about

obesity to 89% who express concern for e-cigarette use and vaping (see Section B.B2.A for detailed findings including significant variations by profession, etc.). As with the general public, health care practitioners also express lower levels of concern regarding rates of HIV/AIDS (74%) and syphilis infection (73%), although practitioners' overall level of concern for each of these issues is much higher by comparison. Female practitioners are more concerned about rates of syphilis, while older practitioners (aged 55+) are more likely to be concerned about rates of HIV/AIDS as compared to those who are under age 45.

- Fully 75% of health care practitioners also disagreed with the statement that STBBI are a very minor health concern. This represents a much higher percentage than was found in the survey of the general public (47%).

The table below shows a side-by-side comparison between health care practitioners and the general public regarding their concern for various public health issues. It is notable that overall levels of concern, and specifically those saying they are *very concerned*, are much higher among health care practitioners in all cases with one exception – the proportion of health care practitioners who say they are *very concerned* about HIV/AIDS is just 6-points higher than that reported by the general public (as shown in the column highlighting the difference in ratings between the two audiences).

TABLE 1. LEVELS OF CONCERN ABOUT VARIOUS PUBLIC HEALTH ISSUES – COMPARISON BETWEEN GENERAL PUBLIC AND HEALTH CARE PRACTITIONERS

	% Concerned (Very/Somewhat)			% Very Concerned		
	General Public	Health Care Practitioners	Difference*	General Public	Health Care Practitioners	Difference*
n=	2500	250		2500	250	
Mental illness and suicide among children and youth	85	97	+12	57	75	+18
Mental illness and suicide among adults	84	98	+14	52	78	+25
The opioid crisis (drug use, overdose, addiction)	78	96	+18	48	75	+27
E-cigarette use and vaping among children and youth	77	96	+19	45	72	+27
Obesity	71	98	+27	30	68	+38
Tobacco and alcohol use	65	94	+29	26	48	+22
E-cigarette use and vaping among adults	59	89	+30	24	45	+21
Rates of HIV/AIDS	48	74	+26	17	23	+6
Rates of syphilis infection	42	73	+31	14	30	+16

Knowledge of and Interest in Information about STBBI (General), HIV/AIDS and Syphilis

General Public

- Respondents claim to be reasonably knowledgeable about HIV (64% say they are *very/somewhat knowledgeable*), a higher proportion as compared to those who indicate being knowledgeable about syphilis (46%) and other STBBI (52%). A significant proportion of the general public lacks knowledge of syphilis (see Section D.D1.A for detailed results). Just over half (51%) are *not that/not at all knowledgeable*. By comparison, about one-third (34%) are *not that/not at all knowledgeable* about HIV (see Section C.C1.A for detailed results). While 17% are *not at all knowledgeable* about syphilis, this contrasts with just 8% who say the same in regard to HIV.

- When asked more explicit questions to assess levels of knowledge related to the prevention, testing and treatment of HIV, syphilis and other STBBI, respondents' self-reported understanding varies considerably. Results show that while many claim to be knowledgeable about preventing HIV (69%), syphilis (52%) and other STBBI (59%), this drops off in regard to knowledge of other areas such as testing for STBBI (HIV (47%); syphilis (33%); other STBBI (44%)), and treatments (HIV (40%); syphilis (33%); other STBBI (37%)).
- Two thirds (66%) of the general public do not believe that HIV can be cured. Among the other third, 13% are of the opinion that there is a cure for HIV and another 20% are unsure. Regardless, many (80%) feel that HIV treatments can effectively help people with HIV lead full and healthy lives.
- Knowledge levels are more variable in regard to other more specific aspects of HIV/AIDS and syphilis. Overall the proportion of respondents classified as having a high level of knowledge based on their responses across question was consistent between HIV/AIDs (28%) and syphilis (25%), however there were notable differences in the type of information recalled. See Sections C.C1.D and D.D1.D for further details.
    - For example, with respect to HIV/AIDS, relatively few among the general public understand that pregnant individuals living with HIV can have children without passing on the virus, that condoms and dental dams are not the only way to prevent HIV transmission during sex, that HIV is not transmissible through sex if the patient is being treated and the amount of HIV in their blood is very low, and that HIV testing for HIV is not always included in regular screening for sexually transmitted infections (19%-34% correctly responded in each case).
    - With respect to the general public's knowledge of syphilis, there is considerable confusion in a number of areas – that asymptomatic people should get tested for syphilis, that most of those with syphilis may not display any symptoms, that syphilis is a public health priority in Canada, and that testing for syphilis is not undertaken coincident with pap tests nor as a part of regular screening for sexually transmitted infections (16%-38% gave the correct response).
- Over half (57%) are interested in knowing more about the risks, testing options and treatments for STBBI (16% are *very interested*; 41% are *somewhat interested*). The preferred approaches for receiving this type of information include the family doctor or primary care provider (50%) and government websites (47%), although there are notable differences in preferences across sub-groups of the population. Social media, video sites, and the stories of people and/or social media influencers with lived experience are more popular among the younger demographic (under age 35) and members of Black and 2SLGBTQI+ communities. Indigenous Peoples are also more likely to want to hear from people with lived experience with STBBI. By contrast, a higher proportion of older people (aged 55+) prefer this type of information to be delivered by their family doctor or via news stories (see Section B.B1.E).

Health Care Practitioners

- A large share of practitioners say they are knowledgeable about HIV (86%) and other STBBI (87%), with somewhat fewer reporting being knowledgeable about syphilis (75%).
- Practitioners' self-assessed knowledge of prevention, testing and treatment of STBBI is also fairly high, although highest when it comes to preventing HIV (94%) and other STBBI (94%). The proportion claiming to be knowledgeable about preventing syphilis is lower by 10 points at 84%. While over four in five practitioners claim to be knowledgeable about testing for HIV (82%), as well as testing and treatment for other STBBI (85% and 86%, respectively), knowledge levels drop off

when it comes to testing and treatments for syphilis (75% and 72%, respectively) and, in particular, regarding treatments for HIV (68%).

- Perhaps not surprisingly, compared to the general public, a much higher proportion of health care practitioners understand that HIV is incurable (82%), although 14% do feel there is a cure (slightly higher among physicians, although not a statistically significant difference), and another 4% are unsure. Almost unanimously (99%), this group feels that HIV patients can nevertheless lead fulfilled and healthy lives.
- Health care practitioners score highly in terms of their overall knowledge of both HIV/AIDS and syphilis – 87% and 84% have a high knowledge level HIV/AIDS and syphilis, respectively while 13% and 16% are classified as moderately knowledgeable in each area (see Sections C.C2.D and D.D2.D). Nevertheless, there are several areas of opportunity for additional education or information related to both syphilis and HIV/AIDS, including practitioners' understanding that syphilis is a public health issue in Canada (66% responded correctly that this was a true statement), and that syphilis testing is always included in regular screening for STIs (just 40% correctly responded that this is false).
- Almost all practitioners (94%) are interested in knowing more about STBBI and favour receiving this type of information via e-learning courses (64%) or through webinars, seminars and/or conferences (57%). Many also cite professional organizations (45%). See Section B.B2.D for more detailed analysis on this topic. Preferences for the way in which information is delivered vary greatly across professions and professional settings as well as by gender and the age of the practitioner. While government websites are mentioned by just over one quarter of all practitioners (27%), nurses identify them more frequently as a preferred information channel (33%) compared to physicians (18%). Female practitioners and those who are younger (under age 45) generally favour receiving information about STBBI via the stories of those with lived experiences.

'At Risk' Groups for HIV and Syphilis

General Public

- Relatively few respondents are concerned about their own personal risk of contracting HIV (25% - 11% *very concerned*; 14% *somewhat concerned*) or syphilis (22% - 9% *very concerned*; 13% *somewhat concerned*).
- A majority of respondents pointed to two groups which they believe to be most at risk of contracting HIV and syphilis (see Sections C.C1.C and D.D1.C) – people who have multiple sexual partners (60% identified this group as being most at risk for HIV; 57% for syphilis) and sex workers (57% for HIV; 54% for syphilis). Other groups identified by about half or more respondents as being more likely to contract HIV include people who inject drugs (53%) men who have sex with other men (53%), and people from countries where HIV is more widespread (47%). By contrast fewer than one third identified these same groups as being among those most at risk of getting syphilis (24%, 29%, and 20% respectively).

Health Care Practitioners

- Similar to those groups mentioned by the general public, health care practitioners also identified the following as being more affected by HIV or syphilis, although with much greater frequency in some cases: men who have sex with other men (78% for HIV; 50% for syphilis), sex workers (73% for HIV; 82% for syphilis), and people who have multiple sexual partners (71% for HIV; 81% for syphilis). In addition, a larger share of health care practitioners point to people from countries where HIV is more widespread as being disproportionately affected by both types of STBBI (77% for HIV; 64% for syphilis) and to people who have another type of STBBI (54% for HIV; 64% for

syphilis). Notably, while people who inject drugs are mentioned as being at greater risk for HIV by over four in five health care professionals (82%), far fewer believe they are among the most vulnerable with respect to being affected by syphilis (40%). See Sections C.C2.C and D.D2.C for more details pertaining to these findings.

Stigma and Barriers Affecting Access to Services and Supports

General Public

- Relatively few respondents within the general public report having been tested for (33%) or diagnosed with (13%) an STBBI. About one in five (19%) have been tested for HIV, compared to half that who have been tested for syphilis (10%). The proportion who have been tested for other STBBI varies from 4% to 15%. Those who report having been diagnosed with an STBBI ranges from 1% to 5% (1% for each of HIV and syphilis).
- At the same time, most (77%) say they would be comfortable having conversations with health professionals about STBBI. In fact, two in five (41%) say they would be *very comfortable* in this situation. Over two thirds (69%) are comfortable asking a health care professional for an STBBI test. Overall comfortability varies by age and socio-economic status (see Section C.C1.D).
- Although most members of the general public (79%) agree that people living with HIV have the same right to health care as others (65% completely agree), the survey data underscores that stigma exists both at a personal level as well as at a broader societal level. Many (64%) believe that people living with HIV are viewed negatively by others. Furthermore, while over two thirds say they are comfortable engaging with co-workers and shop owners who are living with HIV/AIDS (see Section C.C1.F), there is some concern about people with HIV serving the public (just 36% agree that they should be allowed to be in positions such as dentists, hairdressers and restaurant workers, etc.).
- Similarly, many say they feel comfortable discussing a friend or family member's diagnosis with an STBBI (66% for HIV; 60% for syphilis) and inviting someone into their home who is known to have either of these conditions – higher for HIV (64% are comfortable) than for syphilis (55% are comfortable). Levels of comfort are more modest, however, when it comes to having a child attend school where a student is known to have HIV/AIDS (56%) and decline more dramatically in a hypothetical situation where a close friend or family member is dating someone living with HIV (46%).

Health Care Practitioners

- Compared to the general public, a higher proportion of health care practitioners report being comfortable interacting with patients living with HIV or syphilis – over nine in ten are comfortable caring for patients with HIV (93%; 72% are *very comfortable*) and syphilis (91%; 71% are *very comfortable*). The small percentage who expressed some level of discomfort shared that additional training related to HIV (83%) or syphilis (82%) would help to increase their level of comfort. About six in ten also indicated that guidance on how to navigate patients' experiences of stigma and discrimination, handouts on facilitating discussion discussions about HIV, syphilis and other STBBI, as well as resources on relevant local community-based organizations to which they could refer patients would be helpful. See Sections C.C2.F and D.D2.E for detailed results.
- This group is also less likely to exhibit stigma towards those living with HIV, but more likely to believe that societal stigma exists to a wider degree. With virtual unanimity health care practitioners agree that people living with HIV have the same right to health care as others (97%),

18 points higher than the proportion of the general public (79%) who agree with this statement. Moreover, three quarters (75%) of health care practitioners agree that people with HIV should be allowed to serve the public in positions such as dentists, hairdressers and restaurant workers versus just over one third (36%) of the general public. Additionally, two thirds (67%) of health care practitioners are comfortable having a close friend or family member date someone living with HIV, much higher than the response from the general public (46%). At the same time, fully four in five (82%) health care practitioners surveyed believe that people hold negative assumptions about those living with HIV (a full 20 points higher than the general public (62%)).

- Nevertheless, just over one in ten (13%) health care practitioners report feeling uncomfortable around people with HIV, slightly lower than was found among the general public (17%).
- Practitioners believe that a range of barriers are preventing patients from accessing supports and services related to testing and treatment for HIV and/or syphilis. Most often mentioned, by almost nine in ten practitioners (87%), is not having a family physician. Other issues cited by 80%-86% of practitioners include (see Sections C.C2.G and D.D2.F): previous experiences of discrimination, limited access to services and supports, limited knowledge and awareness of STBBI, sexual health and STBBI being taboo topics in the patient's culture or household, and operational barriers such as long wait times, hours of operation or the location of testing and treatment facilities. Limited access to culturally and/or linguistically appropriate care was also viewed as a significant barrier (mentioned by just under four in five practitioners).

Awareness of the Concept of 'Undetectable=Untransmittable'

General Public

- Across all regions, most respondents are unaware of the 'U=U' concept – 76% have not heard of it and another 6% are unsure. While recall is modest across all sub-groups, it is notably higher among certain sub-groups of the population, including members of the 2SLGBTQI+ and Black communities, as well as younger adults (under age 35) and Anglophones, as compared to those whose primary language is neither English nor French (see Section B.B1.E).
- The concept is generally interpreted by about one in three respondents as a condition which is asymptomatic, undetectable and not contagious, although the majority (54%) aren't sure what it means.

Health Care Practitioners

- Compared to the general public, health care practitioners are more likely to have heard about the 'U=U' concept – 54% claim to have heard about it, while 45% have not and a small number (1%) are unsure (see Section B.B2.D). Those working in community settings are most likely to say they have heard of it, as compared to those working in clinical settings. As with the general public, it is the younger cohort, under the age of 45, who are much more likely to be aware of 'U=U' compared to their peers aged 55 and older.
- About two thirds or more interpret it in a similar manner as members of the general public, assuming it to mean that STBBI are undetectable and/or not transmissible. One in four (25%) are uncertain as to the meaning of the concept.
- Overwhelmingly, health care practitioners believe it is important to communicate the 'U=U' message to patients living with HIV – 80% view this as *very important* while another 17% say it is *somewhat important*. However, relatively few do this with any degree of frequency within their practice settings – one in four (26%) never communicate this message, while just under half (44%) do so a few times a year or less frequently.

G. Conclusions and Recommendations

Based on the findings from this study, there are clear opportunities to raise awareness among the general public about issues related to HIV/AIDS and syphilis. In particular, there is an urgent need to educate people living in Canada about rising rates of HIV and syphilis as well as prevention, testing and treatment. Given that overall knowledge regarding syphilis is much lower, as compared to HIV, a focus on the former should be a priority. Any initiatives should also address various stigma and barriers which could inhibit 'at risk' or affected individuals from seeking care. While some of these barriers require a policy response (i.e., lack of access to medical care), others could be tackled via effective communications, education and community outreach to key populations, including 2SLGBTQI+, Indigenous Peoples and the Black community. Development of communications strategies should consider the following:

- Varying levels of knowledge and understanding of HIV and syphilis;
- Stigma, myths and misperceptions about HIV and syphilis; and
- Variable communications preferences across key sub-groups of the population – while strategies should leverage the trusted role of primary care providers, it would also be advantageous to incorporate the faces, stories and voices of those with lived experience.

A segment of health care professionals could also benefit from additional information, tools and resources to both enhance their understanding with ongoing and up to date epidemiological data (especially regarding rates of HIV/syphilis, vulnerable populations, treatments for HIV, and to some extent, testing and treatments for syphilis) and dispel any ongoing misperceptions. Dentists and pharmacists are a priority target audience in this regard, although the generally trusted relationship between general practitioners/nurses and their patients should not be overlooked. Specifically, more education is warranted among health care practitioners on STI screening practices, notably, that screening for syphilis is typically not included in regular screening for STIs. Online approaches (e-learning, webinars) in addition to working with and through professional organizations are preferred.

Very few among the general public are aware of the 'U=U' concept. Awareness could also be enhanced among health care practitioners who are highly supportive of communicating this message but do not necessarily do so themselves on a regular basis. Promoting this message may also contribute to the normalization of HIV/AIDS among a series of other common health care concerns.

MORE INFORMATION	
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To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca

Statement of Political Neutrality

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Signed: _____

Donna Nixon, Partner
The Strategic Counsel