ADVANCING STI CARE

Epidemiology, Communication, and Updated Treatment Guidelines

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(She, her)
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Division of ID

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OBJECTIVES

Describe the regional prevalence of STI

Identify sub-populations at risk for STI

Discuss STI and Treatment updates

Review STI Prophylaxis

ACCELERATING PROGRESS

A MESSAGE FROM THE CDC

- Increase awareness of STIs
- Collective public health efforts for prevention and control
- Increased use of innovation
  - STI self-tests
  - Newer point-of-care tests
  - Doxy PEP
- Empowering communities to prioritize STI control
  - Modernizing our systems
  - Advancing research
  - Support the public health workforce

CDC Releases 2024 National STI Data

For Everyone
SEPT. 24, 2025

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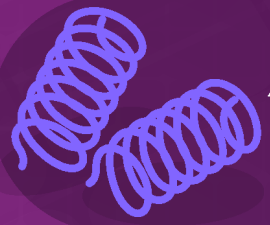
The State of STIs in the U.S. in 2024

Data are provisional. Details:
www.cdc.gov/sti-statistics

CDC

1.5 million cases of **CHLAMYDIA;**
4% decrease since 2020.

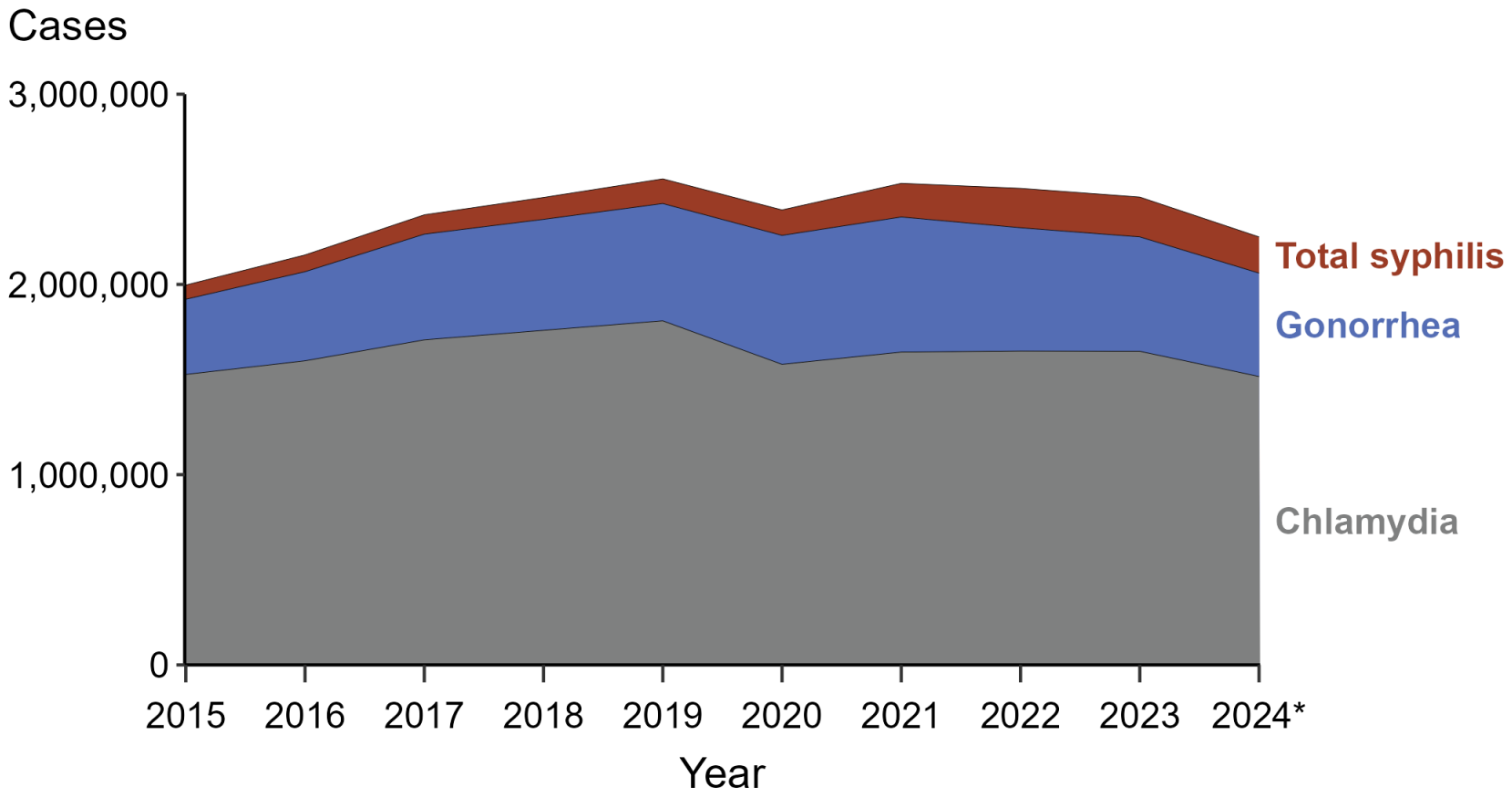
543,409 cases of **GONORRHEA;**
20% decrease since 2020.



190,242 cases of **SYPHILIS;**
42% increase since 2020.

3,941 cases of **SYPHILIS AMONG NEWBORNS;**
82% increase since 2020.

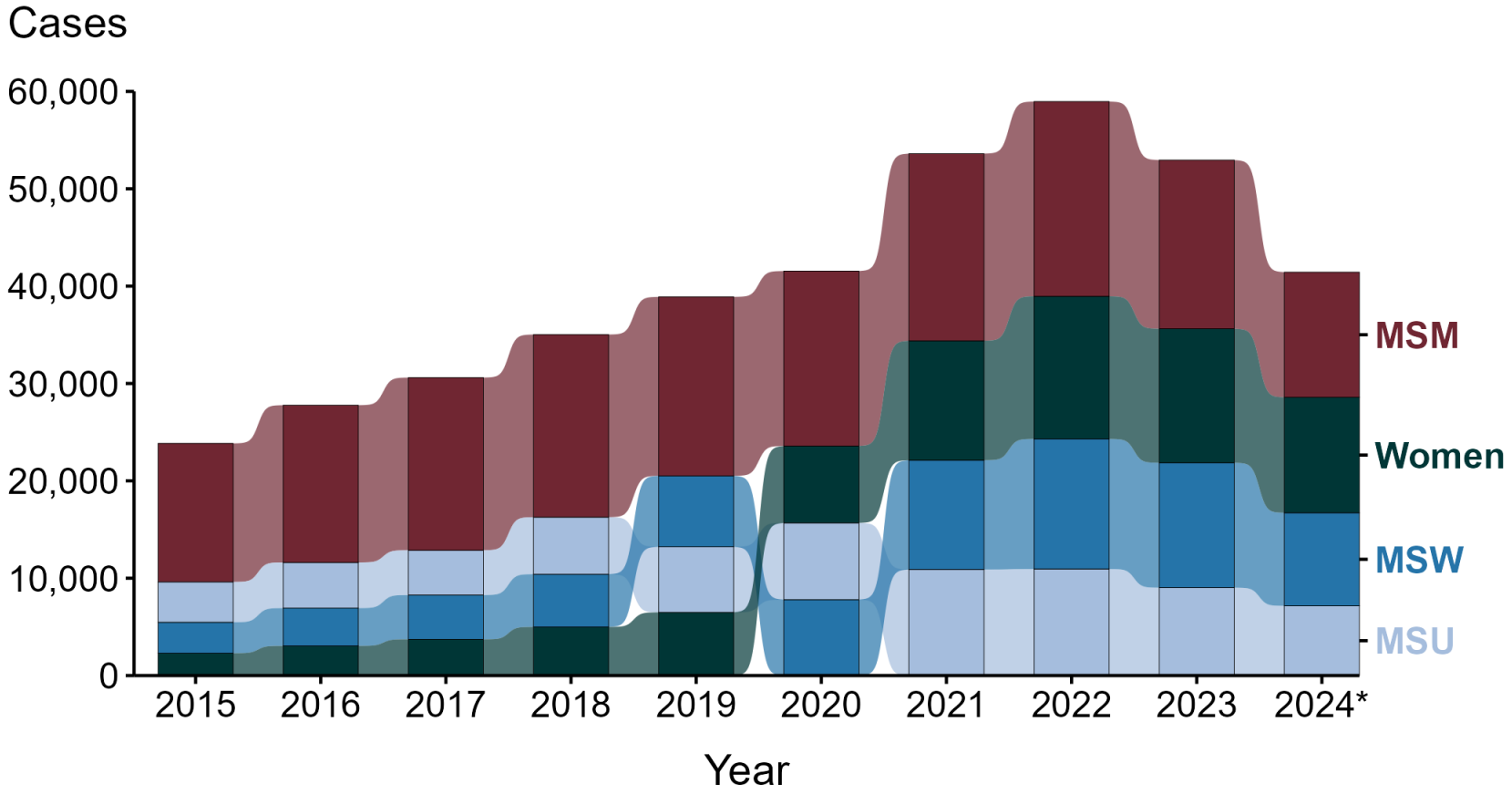
Sexually Transmitted Infections (STIs) — Reported Cases by STI and Year, United States, 2015–2024



* 2024 data are provisional as of August 14, 2025.

NOTE: "Total syphilis" includes all stages of syphilis and congenital syphilis.

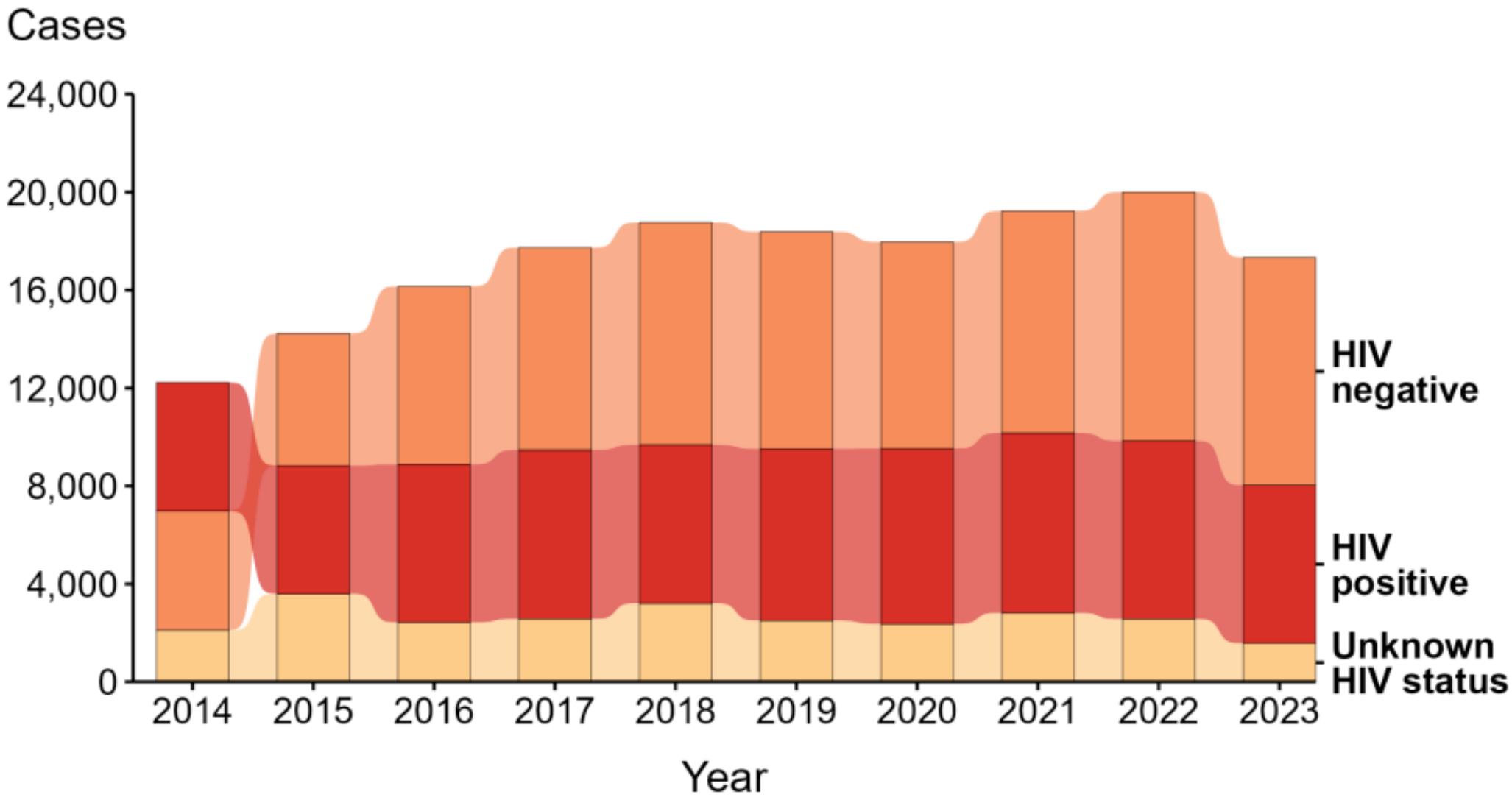
Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners and Year, United States, 2015–2024



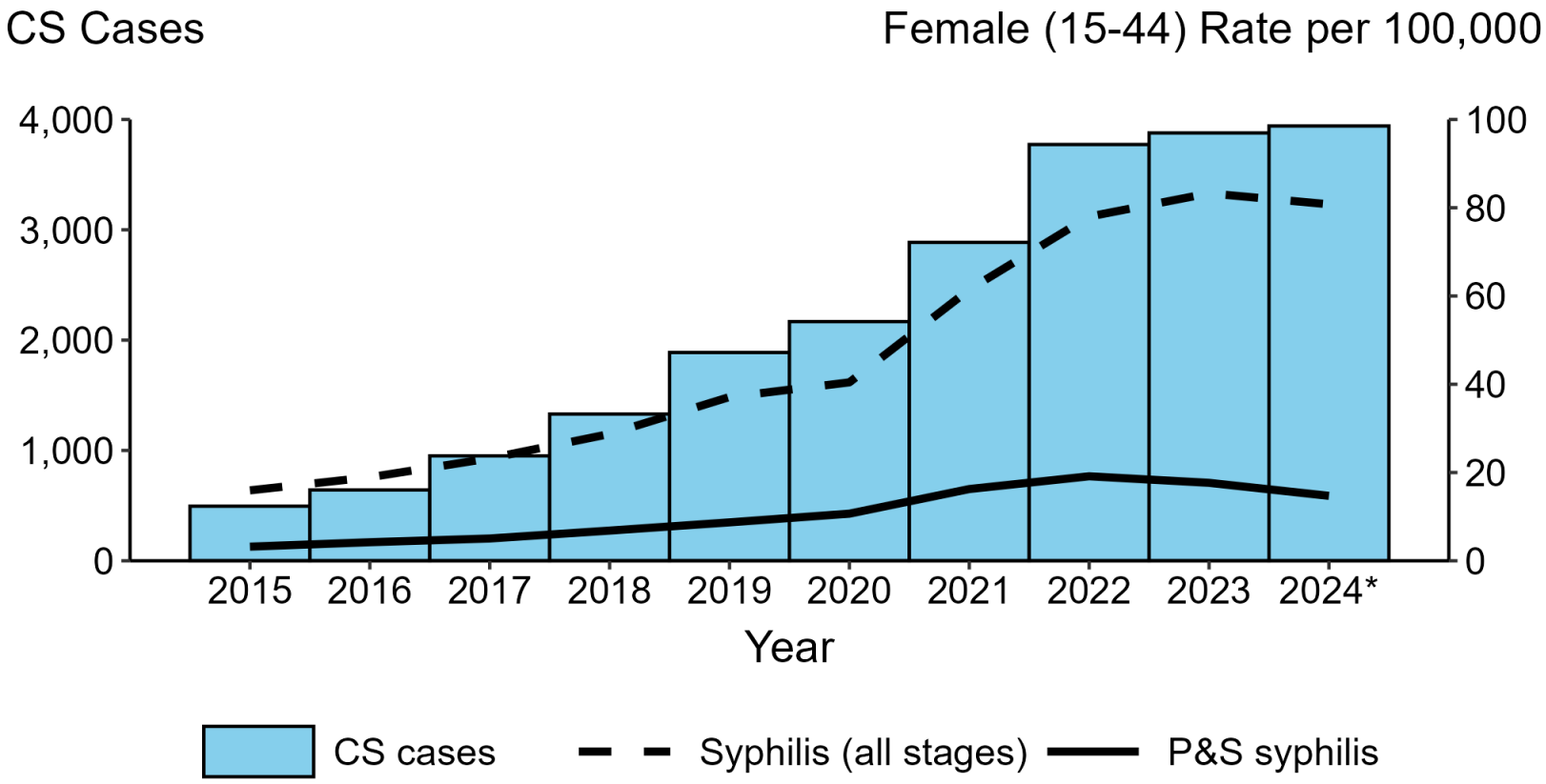
* 2024 data are provisional as of August 14, 2025.

ACRONYMS: MSM = Men who have sex with men; MSU = Men with unknown sex of sex partners; MSW = Men who have sex with women only

Primary and Secondary Syphilis — Reported Cases Among Men Who Have Sex with Men by HIV Status and Year, United States, 2014–2023



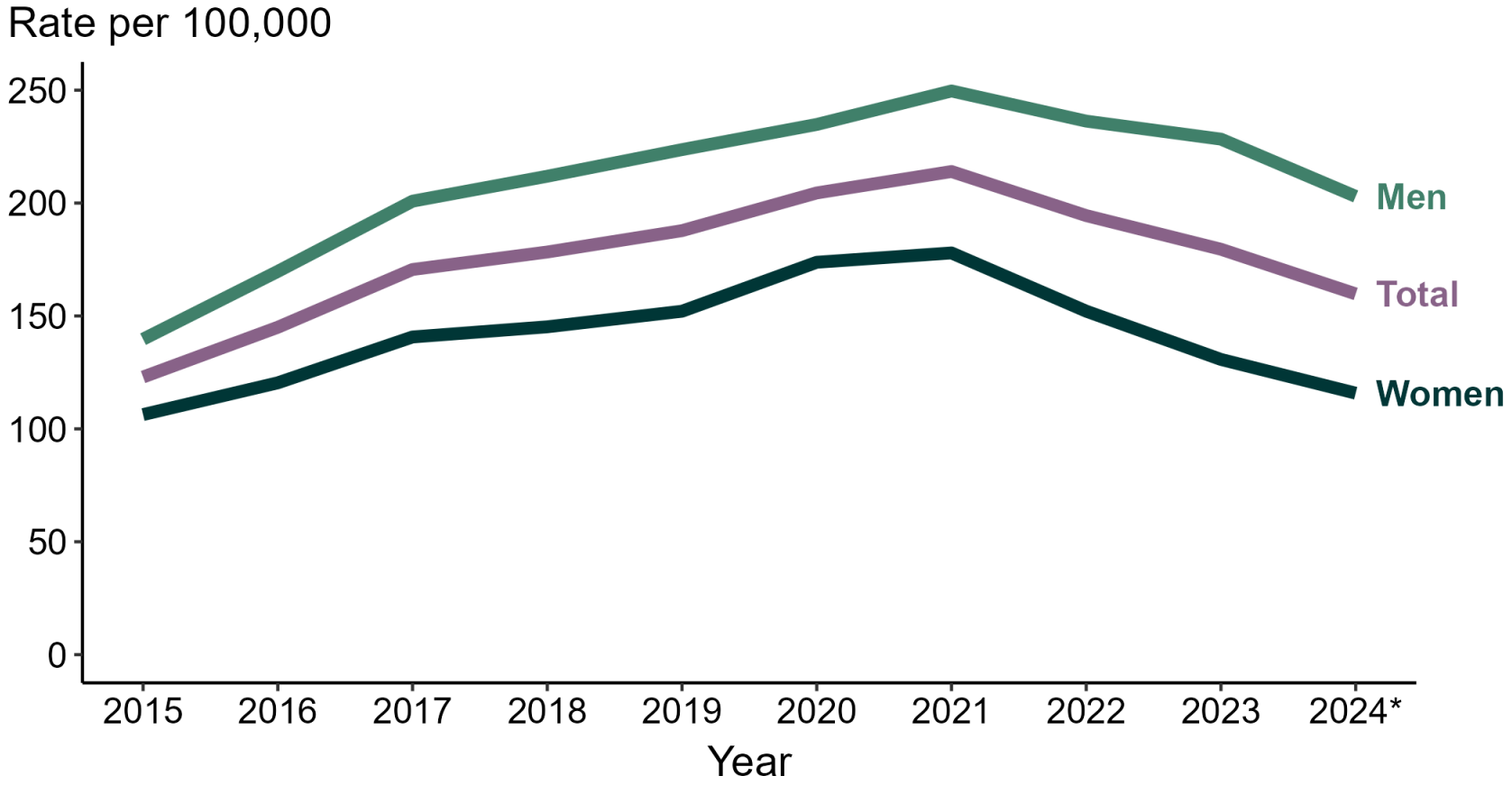
Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis and Syphilis (All Stages) Among Women Aged 15–44 Years, United States, 2015–2024



* 2024 data are provisional as of August 14, 2025.

ACRONYMS: CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis

Gonorrhea — Rates of Reported Cases by Sex and Year, United States, 2015–2024



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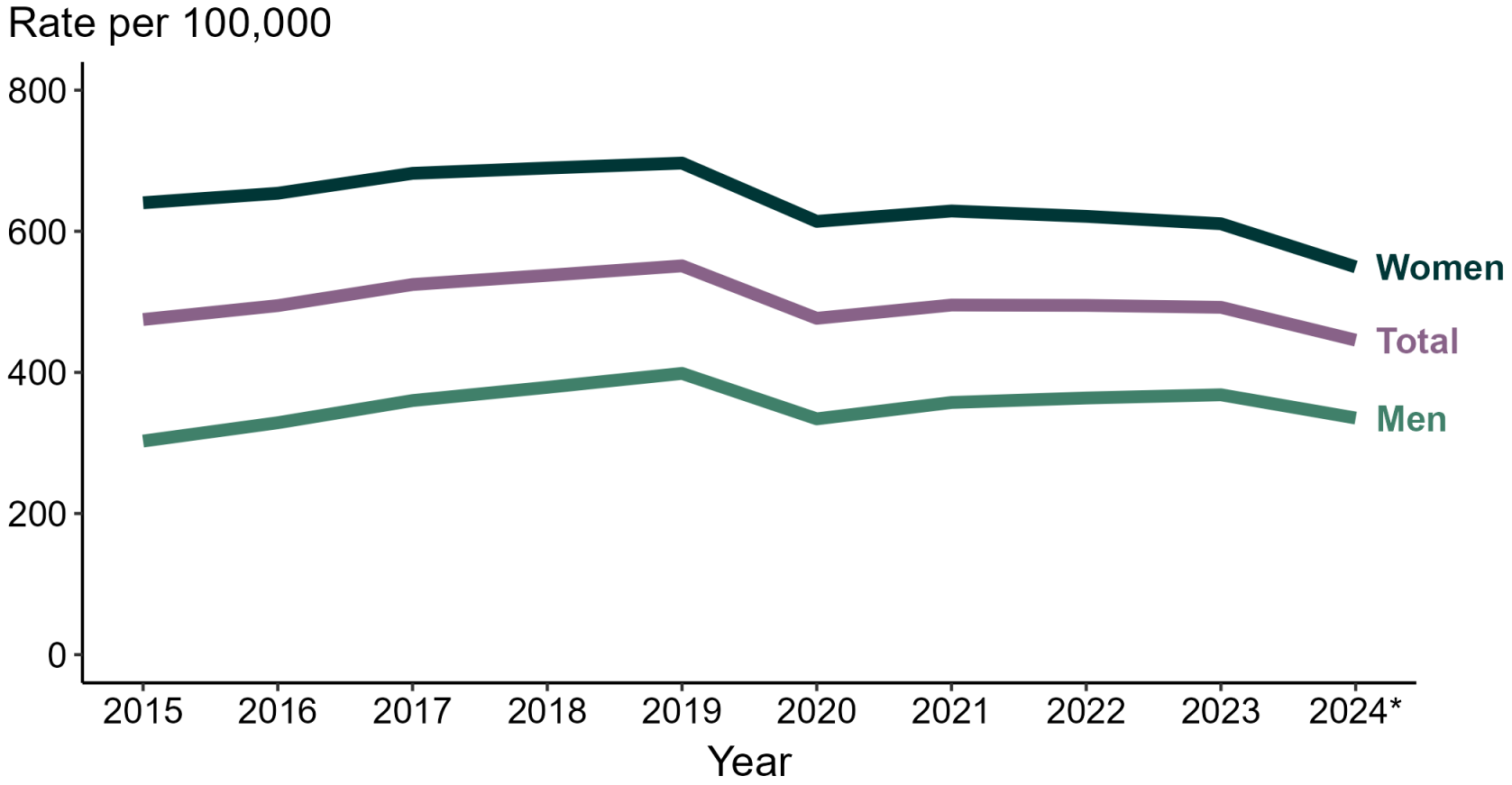
Chlamydia — Rates of Reported Cases by Sex and Year, United States, 2015–2024



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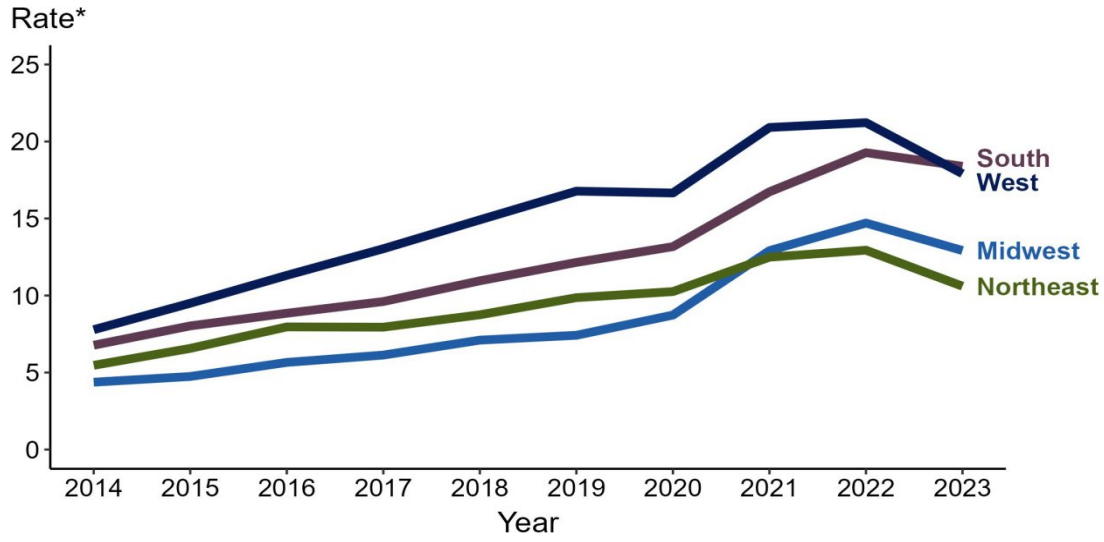
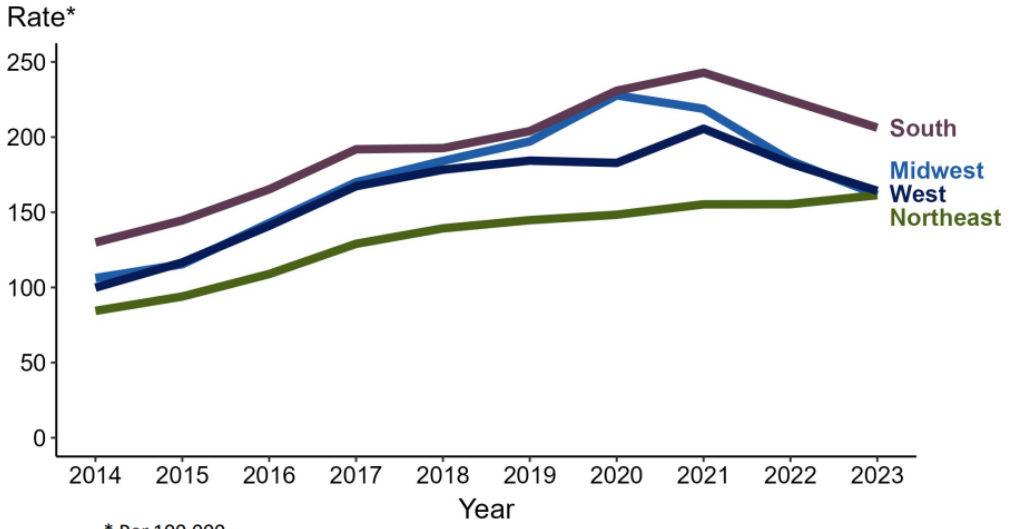
STI by Region

Primary and Secondary Syphilis — Rates of Reported Cases by Region and Year, United States, 2014–2023



* Per 100.000

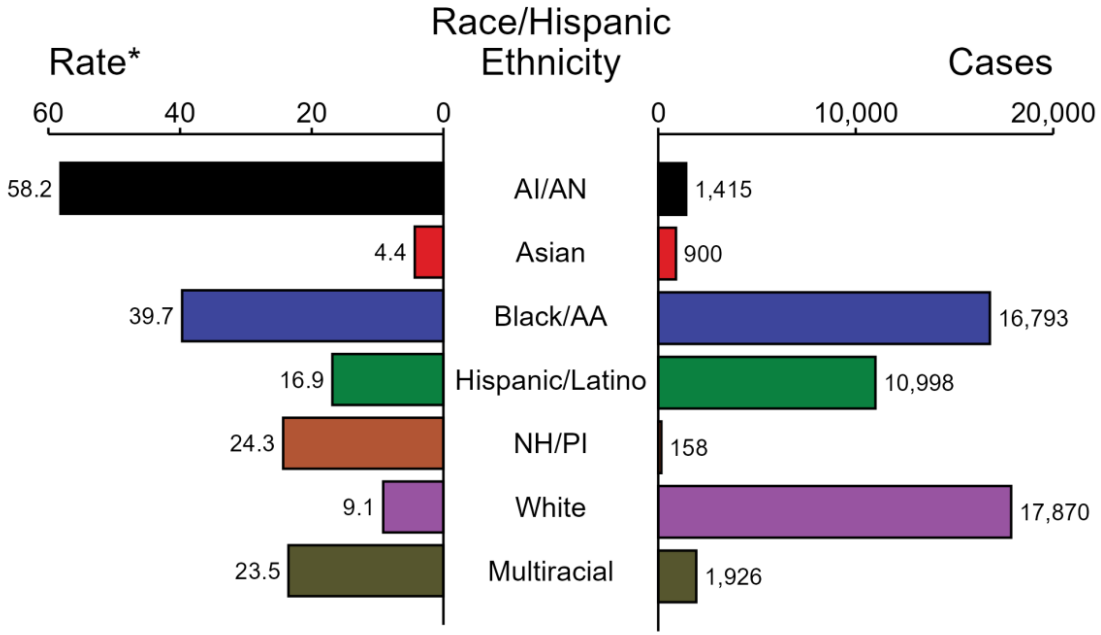
Gonorrhea — Rates of Reported Cases by Region and Year, United States, 2014–2023



* Per 100,000

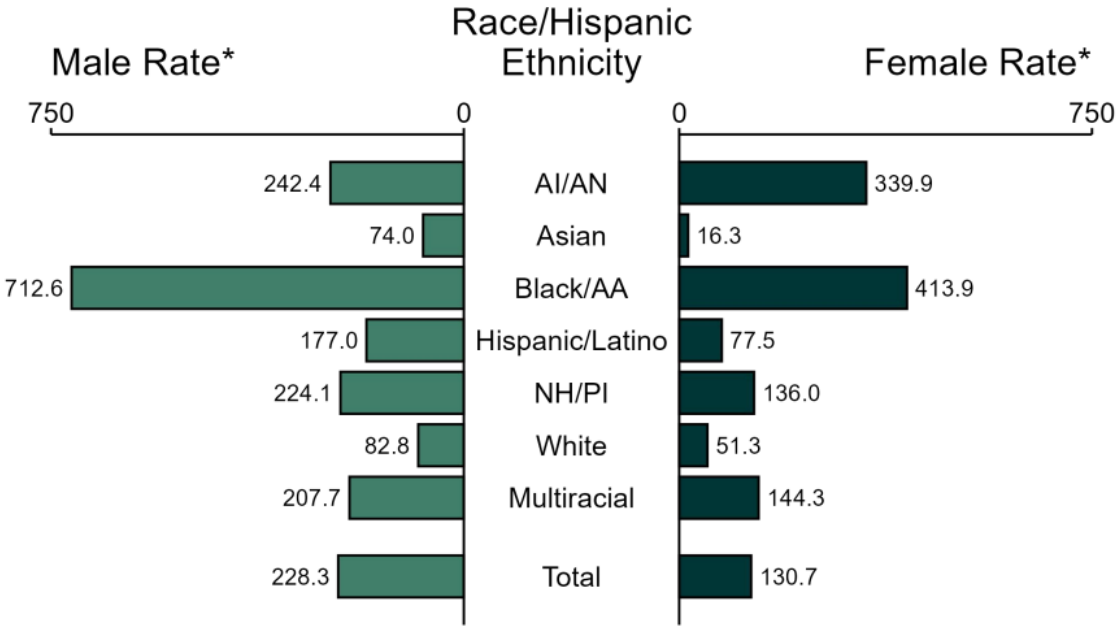
STI by Race/Ethnicity

Primary and Secondary Syphilis — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2023



* Per 100,000

Gonorrhea — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



* Per 100,000

OBJECTIVES

Describe the regional prevalence of STI

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Review STI Prophylaxis

Anyone who has sex could get an STI, **but some groups are more affected:**

- young people aged 15–24
- gay & bisexual men
- pregnant women
- racial & ethnic minority groups

Untreated STIs can lead to **serious health problems:**

- increased risk of transmitting or getting HIV
- long-term pelvic/ abdominal pain
- inability to get pregnant or pregnancy complications

Prevent the spread of STIs with three simple steps:

talk | test | treat

CDC
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

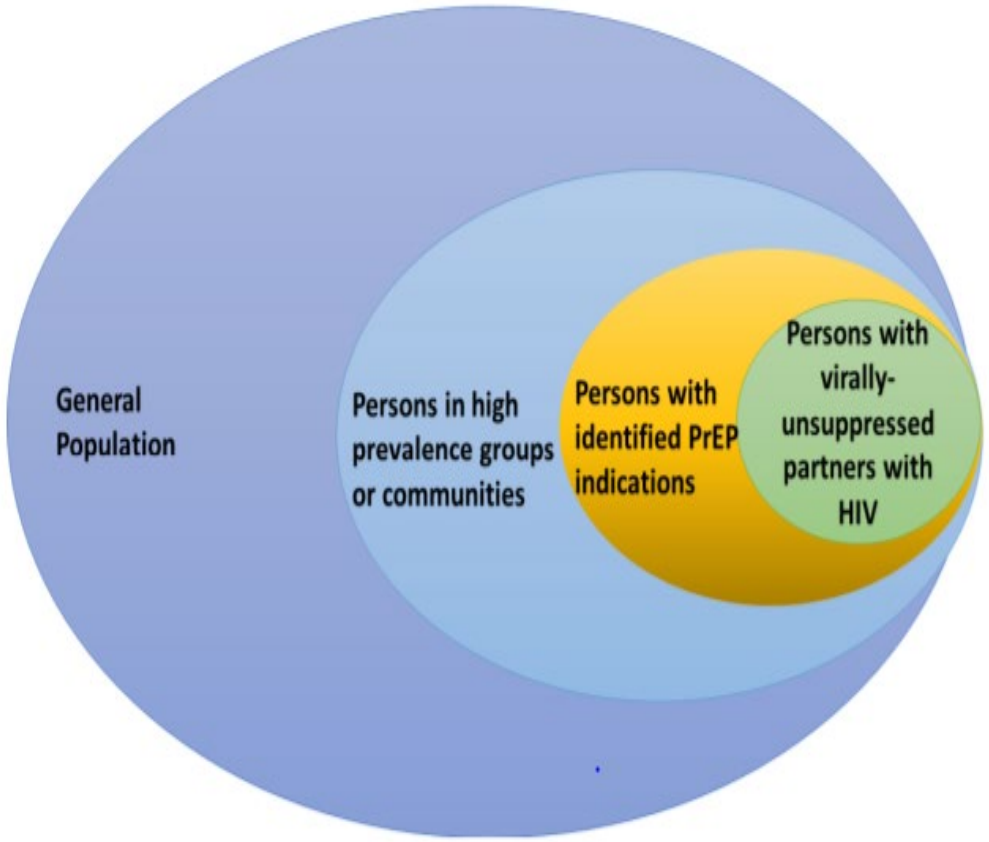
PREP- WHO IS AT RISK FOR HI

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE

Figure 1 Populations and HIV Acquisition Risk



- The conversation
- How to save time and identify?
- Add to general screening questionnaires
- Ask with intake/Bp
- Flyers

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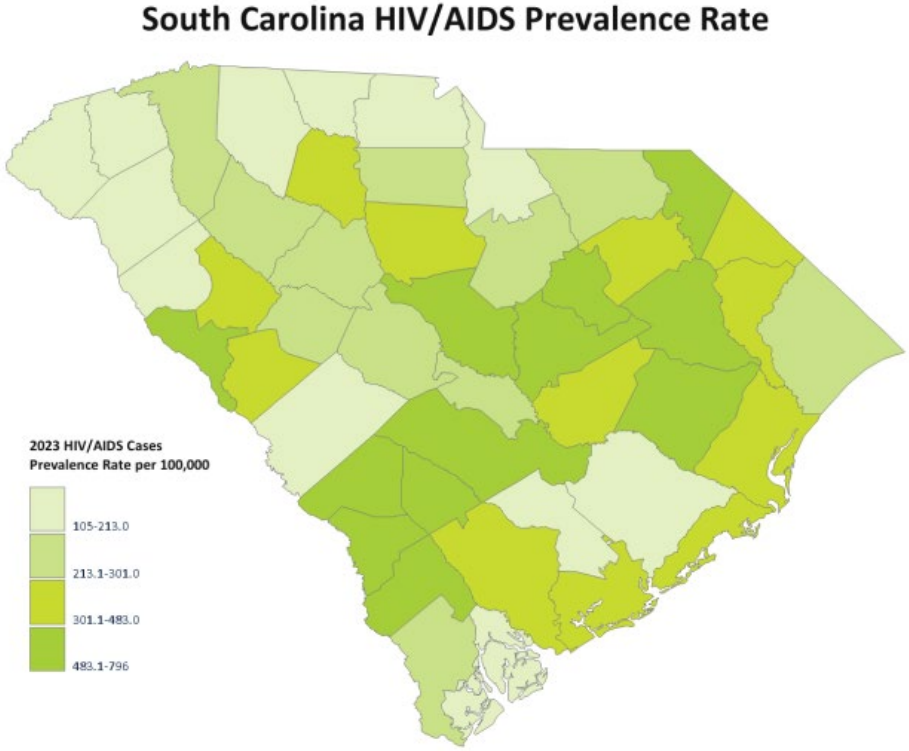
SUBGROUPS FOR HIV PREP FOCUS

- HIV/AIDS Prevalence bv countv (n=20.266)



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QUESTION

- How often should a versatile cis-gender MSM (on ART) who has multiple partners and prior STI be tested for Gonorrhea
  a. Q 6 months
  b. Q 3 months
  c. Once per year
  d. Wait on symptoms to develop

FREQUENCY OF SCREENING

Body	Chlamydia	Gonorrhea	Syphilis
CDC	♀ • < 25 yr of age • >25 yr if increased risk (new partner, >1 partner, partner with partners, partner with STI • 🔁 3 months s/p treatment. as above • 🔁 3rd trimester • TOC: 3–4 weeks ♂(all sites) • All in high prevalence local • MSM – Q 3–6 mo 🦠 • Baseline and at least annual, risk dependent	♀ • < 25 yr of age • >25 yr if increased risk (also no condom or prior sex for $ • 🔁 3 mo s/p Rx as above • 🔁 3 mo s/p Rx ♂(all sites) • MSM: annually • Q 3–6 mths in high risk 🦠 • Baseline and at least annual, risk dependent	♀ • • All at first visit • 🔁 early 3rd trimester and @delivery if at risk ♂(all sites) • MSM: annually • Q 3–6 mths in high risk 🦠 • Baseline and at least annual, risk dependent/ local epi
USPSTF	♀(Grade B) • < 24 yrs • >24 yrs at increased risk ♂ • evidence insufficient (2021)	♀(Grade B) • < 24 yrs • >24 yrs at increased risk ♂ • evidence insufficient (2021)	(Grade A) • Early screening • 🔁 early 3rd trimester and @delivery if at risk

Adopting a Sexual Health Paradigm 2021 NIH

FREQUENCY OF SCREENING

Body	Chlamydia	Gonorrhea	Syphilis
AAFP	♀ • <25 • Older or 💪 if at risk ♂MSM if at risk# 🦠+people	♀ • <25 • Older or 💪 if at risk ♂ MSM if at risk# 🦠+people	• MSM and other adults/ado at risk • 💪 • 🦠+people
AAP	♀ • <25 (annual) • Older women or 💪 if at risk+ ♂ MSM: Q3-6mo (partners and drugs) Hetero- annual	♀ • <25 (annual) • Older women or pregnant women if at risk+ ♂ MSM: Annual and Q3-6mths (at risk) Hetero- annual 🔁 @ 3 mo TOC: Pharyngeal only @14 days	Based on individual risk • MSM annually or every 3–6 months if high risk • pregnant people
ACOG	♀ • <25 annual • >25 – risk based • 💪-routine • 🦠+ annual	♀ • <25 annual • >25 – risk based • 💪- <25 yo or prevalent area • 🦠+ annual 🔁 @ 3 mo /3rd trimester TOC: Pharyngeal and alternative rx @14 days	♀ • No recommendation for non 💪 • 💪-1st visit; later in preg and @delivery if at risk • 🦠+ annual

Adopting a Sexual Health Paradigm 2021 -NIH

STI TESTING IN PATIENT ON PREP

Table 5 Timing of Oral PrEP-associated Laboratory Tests

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥50 or eCrCL <90 ml/min at PrEP initiation	If age <50 and eCrCl ≥90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM,TGW, and PWID only	

* Assess for acute HIV infection (see Figure 4)

Table 7 Timing of CAB PrEP-associated Laboratory Tests

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			MSM^/TGW~ only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia	X			MSM/TGW only	MSM/TGW only	Heterosexually active women and men only	MSM/TGW only

* HIV-1 RNA assay
X all PrEP patients
^ men who have sex with men
~ persons assigned male sex at birth whose gender identification is female

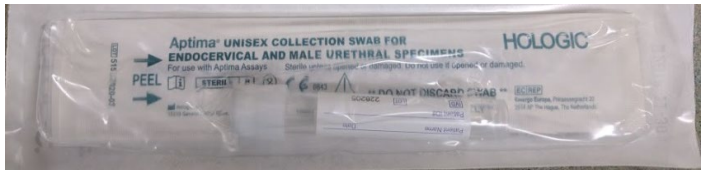
US Public Health Service

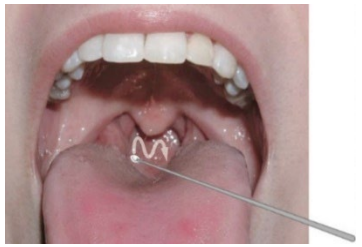
PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES — 2021 UPDATE

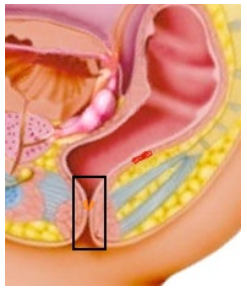
A CLINICAL PRACTICE GUIDELINE

STI SCREENING

- Blood – syphilis or Hep C
- GC and chlamydia by NAAT (all used sites)
    - Pharyngeal
    - Rectal
    - Urine
- Self collected specimen has equivalent performance[1-3]







1. Barbee *J Acquir Immune Defic Syndr*. 2016
2 Freeman Chlamydia /GC pharyngeal infection *STD*. 2011
3. Lunny *PloS One*. 2015
http://www.cdc.gov/hiv/pdf/prepguidelines2017.pdf

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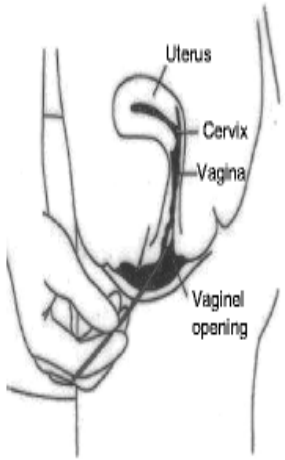
SELF COLLECTED SPECIMEN

Vaginal Self-Swab Collection Instructions

Step 1.

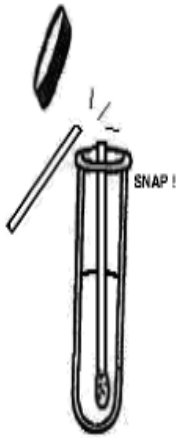
Open kit and remove tube and package with orange writing. Remove the swab from the package. Do not touch the tip of the swab.



Step 2.

Put the tip of the small swab about 2 inches into the opening of your vagina and make two small, slow circles with the tip.

Make sure the swab touches the sides of your vagina. Take the swab out of your vagina.



Step 3.

Remove cap from test tube. Place swab in test tube. Make sure the tip of the swab reaches the bottom of the tube. Do not puncture the foil cap.

Break swab shaft at the score mark.

Step 4.

Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5.

Discard wrappers. **Wash your hands.** Return the tube to the health worker.

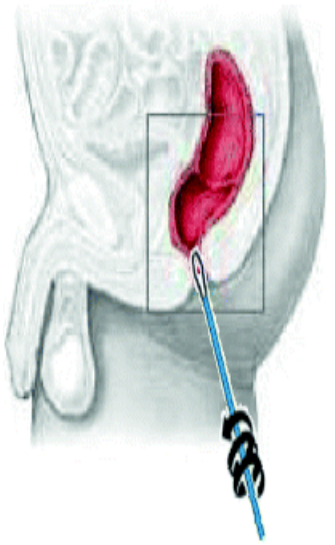
San Francisco Department of Public Health-STD Prevention and Control Services
F:\Protocols\Specimen Collection\Vaginal Self Swab_APTIMA Vaginal Swab Kit_ENG.ppt

Rectal Self-Swab Collection Instructions

City Clinic
A landmark in prevention

Step 1.

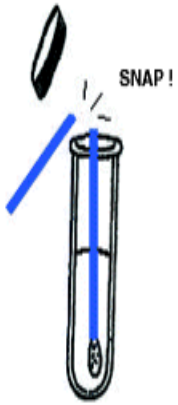
Open kit and remove tube and package with green writing. Remove the swab with the BLUE shaft. **USE BLUE SHAFT SWAB ONLY.**



Step 2.

Insert swab 1 inch into the anus and turn for 5 – 10 seconds.

If needed, before inserting swab, wet swab with water or saline solution.



Step 3.

Remove cap from test tube. Place swab in test tube. Do not puncture the foil cap.

Break swab shaft at the score mark.

Step 4.

Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5.

Discard wrapper and unused swab. **Wash your hands.** Return the tube to the health worker.

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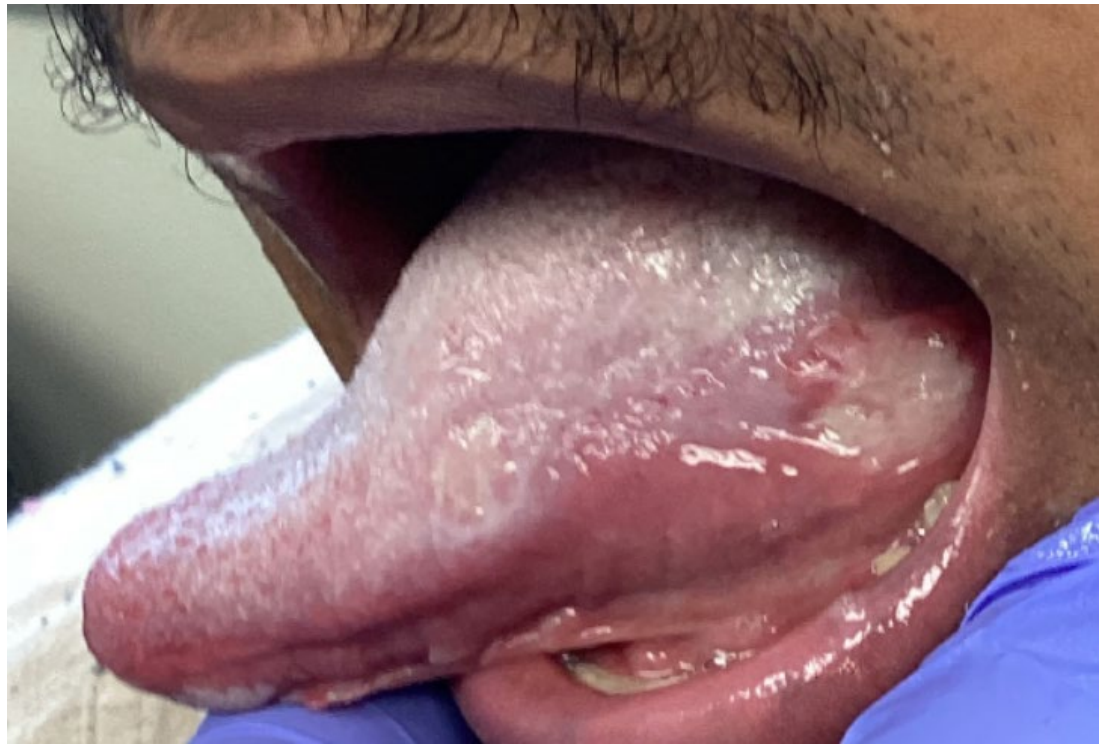
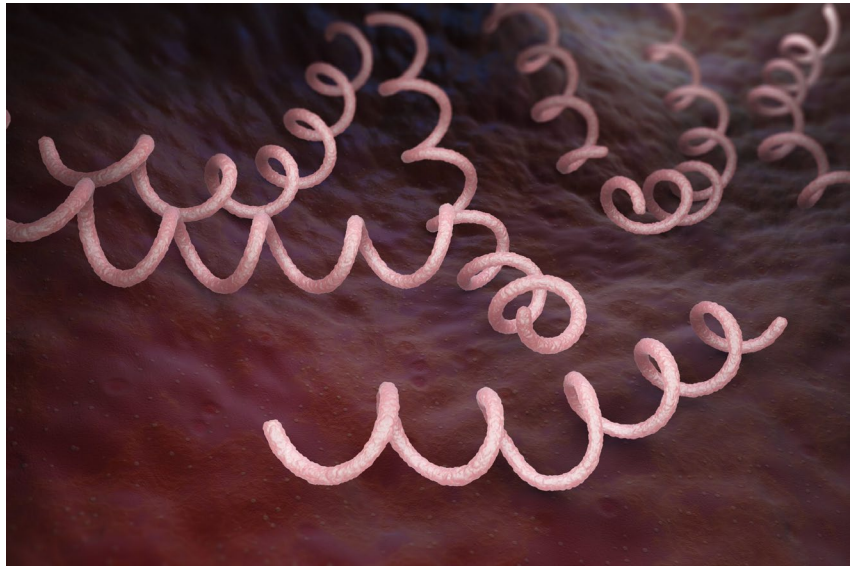
CASE



- Oral lesion and Perianal lesions

SYPHILIS



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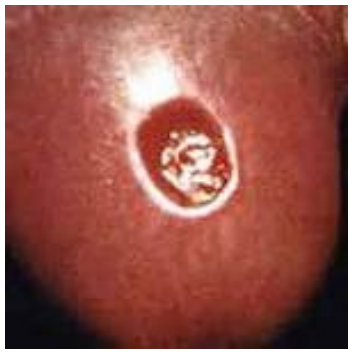
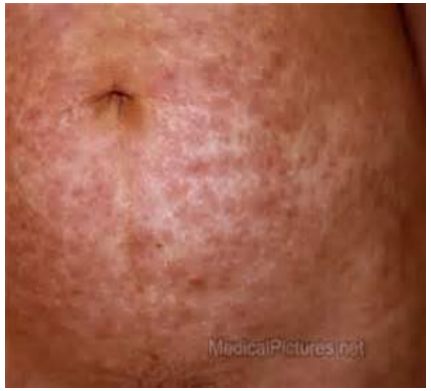
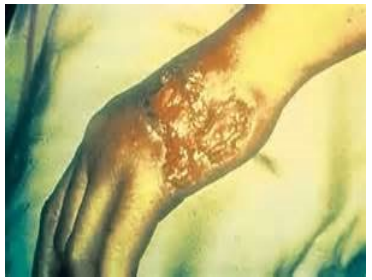
SYPHILIS CLINICAL PRESENTATION: STAGES







Primary Incubation
(10-90 Days From Exposure)

Primary Syphilis
(Chancre Formation)

Central Nervous System Invasion

Secondary Incubation
(4-10 Weeks After Appearance of Chancre)

25%-60%

Recurrence

Secondary Syphilis

24%

Early Latent Syphilis (Asymptomatic)
(1 Year or Less Postinfection)

Late Latent Syphilis (Asymptomatic)
(More Than 1 Year Postinfection)

Tertiary Syphilis

Cardiovascular Syphilis
10%
(Onset 20-30 Years Postinfection)

Gummatous Disease
15%
(Onset 1-46 Years Postinfection)

Early Neurosyphilis

Asymptomatic

Symptomatic
5%

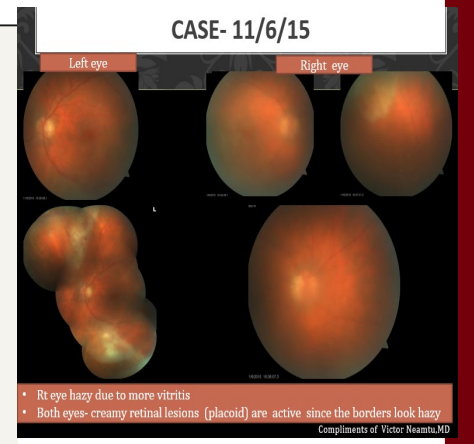
Meningitis
Cranial Neuritis
Ocular Involvement
Meningovascular Disease

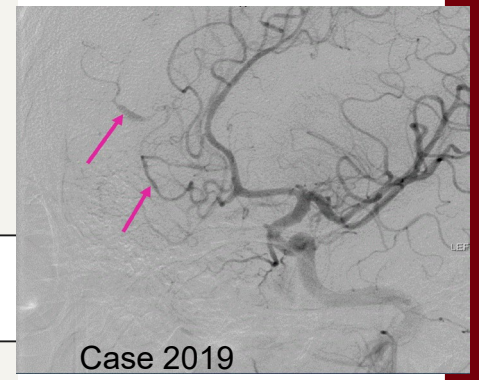
Tertiary Syphilis

Late Neurosyphilis

General Paresis
2%-5%
(Onset 2-30 Years Postinfection)

Tabes Dorsalis
2%-9%
(Onset 3-50 Years Postinfection)





Golden Update on syphilis: resurgence of an old problem. Jama. 2003

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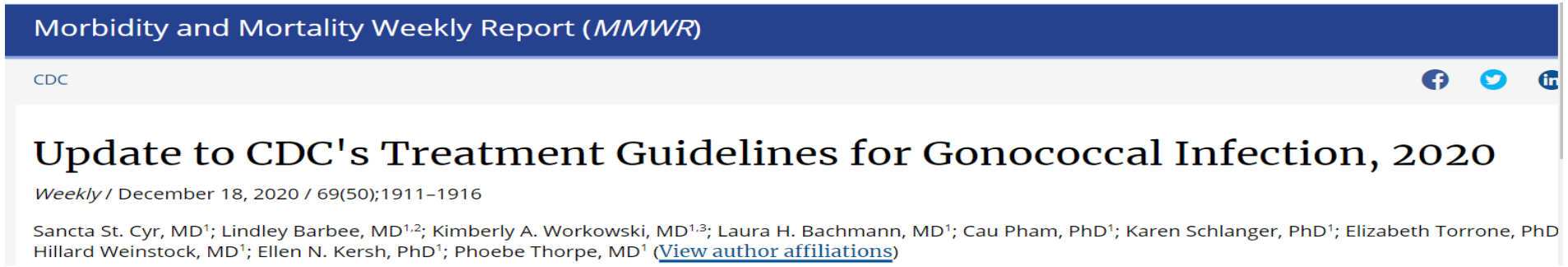
GONORRHEA TREATMENT GUIDELINES – 2020 UPDATE



Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020

Weekly / December 18, 2020 / 69(50);1911–1916

Sancta St. Cyr, MD[1]; Lindley Barbee, MD[1,2]; Kimberly A. Workowski, MD[1,3]; Laura H. Bachmann, MD[1]; Cau Pham, PhD[1]; Karen Schlanger, PhD[1]; Elizabeth Torrone, PhD
Hillard Weinstock, MD[1]; Ellen N. Kersh, PhD[1]; Phoebe Thorpe, MD[1] (View author affiliations)

- CDC recommends a **single 500 mg IM dose** of ceftriaxone for uncomplicated gonorrhea
- Treatment *Chlamydia trachomatis* coinfection with oral doxycycline (100 mg twice daily for 7 days), when chlamydial infection has not been excluded

https://www.cdc.gov/mmwr/volumes/69/wr/mm6950a6.htm

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TREATMENT

	Preferred	Alternative	Allergic	Pregnant
Gonorrhea	Ceftriaxone 500 mg IM in a single dose	If unavailable, cefixime 800 mg orally in a single dose	Gentamicin 240 mg IM in a single dose **PLUS** azithromycin 2 gm orally in a single dose	ceftriaxone 500 mg IM in a single dose
DGI	ceftriaxone 1 gm IM or by IV every 24 hours	cefotaxime 1 gm by IV every 8 hours OR ceftizoxime 1 gm every 8 hours		
Chlamydia	doxycycline 100 mg orally 2x/day for 7 days	• azithromycin 1 gm PO*1 OR • levofloxacin 500 mg PO 1x/day* 7 days		• azithromycin 1 gmPO*1 • amoxicillin 500 mg orally 3x/day*7 days
LGV	doxycycline 100 mg orally 2x/day for 21 days	azithromycin 1 gm orally 1x/week for 3 weeks		

TREATMENT

	Preferred	Alternative	Alternatives	Pregnant
Nongonococcal Urethritis	doxycycline 100 mg orally 2x/day for 7 days	azithromycin 1 gm *1 OR azithromycin 500 mg *1, THEN 250 mg 1x/day for 4 days		
Persistent or Recurrent NGU: test for Mycoplasma genitalium:	doxycycline 100 mg orally 2x/day for 7 days, FOLLOWED BY moxifloxacin 400 mg 1x/day for 7 day			
Syphilis				
Primary/Sec/ Early latent	Benzathine penicillin G 2.4 million units IM *1 (Bicillin L-A)	• **Doxycycline (100 mg orally 2 times/day 14 dy)** • Ceftriaxone Ig IM/IV qdaily (10-14days) –optimal unknown • Procaine PCN 600000U IM qdaily 10-14 days (European 2000)	Amoxil 3g/24hr with probenecid 720mg/24hr (divided tid)-14 days *Japanese 286 HIV pt -95/5% efficacy (CID 2015) Amoxil 1.5 g/24 hrs similar efficacy (STI 2022)	benzathine penicillin G 2.4 million units IM*1

TREATMENT

	Preferred	Alternative	Alternatives	Pregnant
Syphilis				
Late latent	3 doses of 2.4 million units IM each at 1-week intervals **(10-14 day interval ? acceptable)**	**Doxycycline (100 mg orally 2 times/day for 28 days)** Procaine PCN 600000U IM qdaily 17-21 days (European 2000)	Amoxil 3g qd with probenecid 750mg qd (divided tid)-28 days * Ceftriaxone Ig IM/IV qdaily (10-14days) – optimal unknown	If interval >9 days start over
Neuro	Penicillin G 18–24 million units /day,*10–**14 days**	Procaine penicillin G 2.4 MU IM 1x/day PLUS probenecid 500 mg orally 4x/day* 10–14 days	• Ceftriaxone I-**2g** IM/IV qdaily (10-**14days**) – French study lancet ID 2021 (European 2000)	

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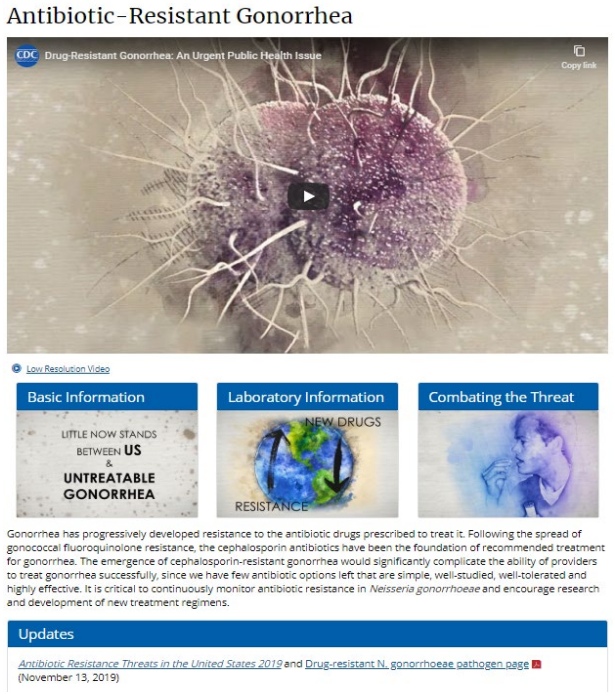
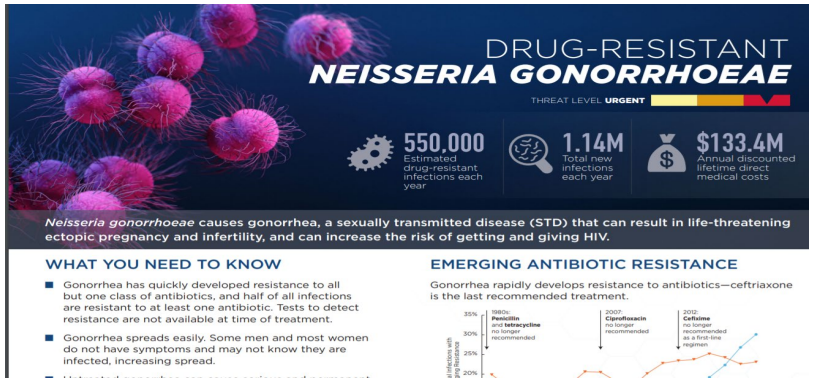
GC/CHLA EASILY TREATED, WHY WORRY?

- Sequelae: **Infertility,** rectal stenosis
- Disseminated GC
- Cost
- Microbiome
- Antimicrobial Stewardship





While international resistance is high, the US has low rates of ceftriaxone resistance, with less than 0.1% of isolates showing "alert" levels.
Neisseria gonorrhoeae Antimicrobial Resistance: The Future of Antibiotic Therapy - PMC

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NEW AGENTS FOR GONORRHEA

- Gepotidacin (Blujepa) was approved in early December 2025
  - Previously approved for UTI – Tabs
- Zoliflodacin (Nuzolvence) was approved shortly after, in mid-December 2025
  - disrupts bacterial DNA replication (first in class)
  - 1 oral dose

TEST OF CURE/REPEAT TESTING

Adopting a Sexual Health Paradigm 2021 NIH

Body	Chlamydia	Gonorrhea	Syphilis
CDC	♀ • < 25 yr of age • >25 yr if increased risk (new partner, >1 partner, partner with partners, partner with STI • 🔁 **3 months s/p Rx**	♀ • < 25 yr of age • >25 yr if increased risk (also no condom or prior sex for $ • 🔁 **3 mo s/p Rx**	♀
	🤰 as above • 🔁 3rd trimester • **TOC: 3–4 weeks**	🤰 as above • 🔁 **3 mo s/p Rx**	🤰 • All at first visit • 🔁 **early 3rd trimester and @delivery if at risk**
	♂ (all sites) • All in high prevalence local • **MSM – Q 3–6 mo**	♂ (all sites) • MSM: annually • **Q 3–6 mths in high risk**	♂ (all sites) • MSM: annually • **Q 3–6 mths in high risk**
	🦠 • Baseline and at least annual, risk dependent	🦠 • Baseline and at least annual, risk dependent	🦠 • Baseline and at least annual, risk dependent/ local epi

licine

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TEST OF CURE/REPEAT SCREENING

Body	Chlamydia	Gonorrhea	Syphilis
AAP	♀ • <25 (annual) • Older women or 🍆 if at risk+ ♂ **MSM: Q3-6mo (partners and drugs)** Hetero- annual	♀ • <25 (annual) • Older women or pregnant women if at risk+ ♂ **MSM: Annual and Q3-6mths (at risk)** Hetero- annual 🔁 @ 3 mo **TOC: Pharyngeal only @14 days**	Based on individual risk • MSM annually or every 3–6 months if high risk • Pregnant people
ACOG	♀ • <25 annual • >25 – risk based • 🍆-routine • 🦠+ annual	♀ • <25 annual • >25 – risk based • 🍆 <25 yo or prevalent area • 🦠+ annual 🔁 @ 3 mo /3rd trimester **TOC: Pharyngeal and alternative rx @14 days**	♀ • No recommendation for non 🍆 • 🍆-1st visit; later in preg and @delivery if at risk • 🦠+ annual

Adopting a Sexual Health Paradigm 2021 NIH

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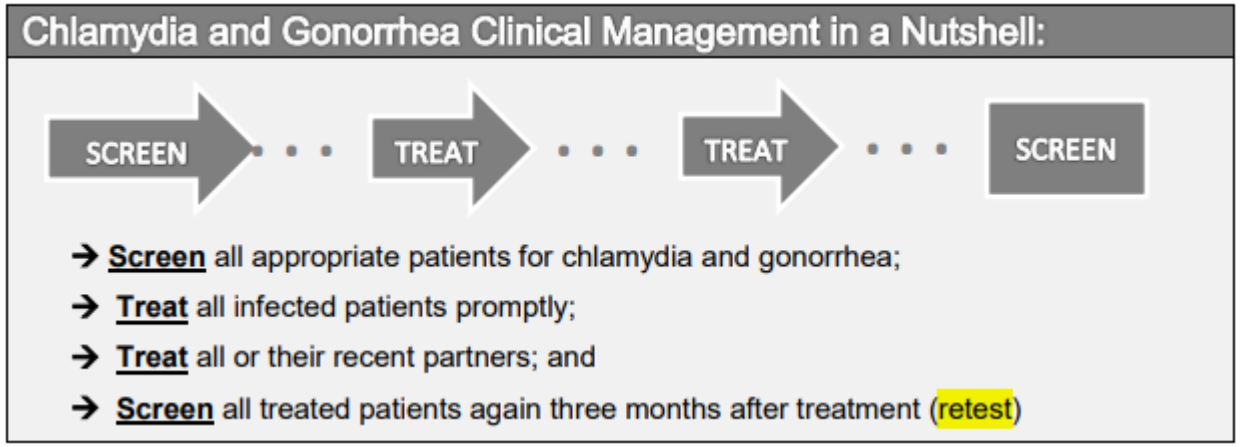
SYPHILIS AND RPT TESTING

- Rpt testing at 3, 6 and 12 months
  - Primary and Secondary expect
    - 4 fold (2 tubes) decline @ 6 months
    - 6 fold (3 tubes) decline @ 12 months
    - 8 fold (4 tubes) decline @ 24 months

- Primary syphilis
  - 50% will be RPR seronegative at 12 months (Romanowski AIM 1991)
  - 24% will have negative FTA/ABS at 2-3 years (Romanowski AIM 1991)
  - Previously, if failure to respond (4 fold decline) consider CSF
    - If positive Rx as Neurosyphilis
    - If negative, consider Benzathine PCN G 2.4mU *3
  - 15-20 % can be serofast with no change or just 1 fold down
    - Current CDC expert opinion away from CSF and just close monitoring (MMWR 2021)
      - Neuro exam and titers
      - If follow up unlikely or RPR stay >1:32 with no response- Consider retreatment with 3 doses

TEST OF CURE/REPEAT SCREENING



- Rx all partners from last 60 days
- No test of cure for non pregnant if SOC used
- Pregnancy – test of cure s/p 3 week after rx then q 3 months/close to delivery

CDPH California Department of PublicHealth

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OBJECTIVES

Describe the regional prevalence of STI

Identify sub-populations at risk for STI

Discuss STI treatment updates

Review STI Prophylaxis

DOXY PEP

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DOXY-PEP: IPERGAY SUB-STUDY (FRANCE)

Study Design

- 👥: MSM on PrEP
- Design: Open-label, randomized (1:1)
- 💊:
  - Doxy-PEP: 200 mg doxycycline within 24 hours after sex
  - Control: No prophylaxis

- 👥: 232 total
  - 116 Doxy-PEP
  - 116 Control
- Follow-up: Median 8.7 months (IQR 7.8–9.7)

- 📉: Any new STI
  - 22% with dPEP
  - 42% without PEP
  - p = 0.007
- 📊 Risk Reduction
  - Hazard Ratio: 0.53 (95% CI 0.33–0.85)

Molina and ANRS IPERGAY Study Group Lancet 2018 (https://pubmed.ncbi.nlm.nih.gov/29229440/)

DOXY-PEP: IPERGAY SUB STUDY (FRANCE)

📉

- Doxy-PEP significantly reduced first STI episodes:
  - Chlamydia
    - (HR 0·30; 95% CI 0·13-0·70; p=0·006)
  - Syphilis
    - (HR 0·27; 0·07-0·98; p=0·047)
- No significant reduction in gonorrhea
  - (HR 0·83; 0·47-1·47; p=0·52)

- 💊 GI AE in 53% participants in dPEP group(p=0·05).

Molina and ANRS IPERGAY Study Group Lancet 2 018 (https://pubmed.ncbi.nlm.nih.gov/29229440/)

DOXY-PEP: U.S. OPEN-LABEL STUDY

- MSM and TGW
- On PrEP (n360) or living with HIV (n194)
- ≥1 STI in the prior year
- San fran /Seattle

- Doxy-PEP: 200 mg doxycycline <72 hr after sex
- Control: No prophylaxis

STI incidence

- PrEP gp:
  - **29.5% vs 9.6% in dPEP arm**
  - RR 0.33 (67% reduction)
- HIV group
  - **27.8% vs 11.7% in dPEP arm**
  - RR 0.42 (58% reduction)

No serious or grade 2 AE

Luetkemeyer, AIDS 2022

DOXY PEP WORKFLOW

Postexposure Prophylaxis for HIV and STIs

- 👥: Gay and bisexual men and trans women
- 💊: Doxy 200mg *1 dose ; within 24-72 hrs of condomless sex
  - Give 30 pills
- 💥: Phototoxicity, GI upset , more rarely esophageal ulceration
- 🧪: SOC--- triple site q 3 months

DOXY PEP AND REAL WORD EXPEIRNECE

- Gonorrhea
  - Less effective against gonorrhea, lower protection rates (around 12-55%) compared to other STIs
  - Harvard Pilgrim Health Care Institute 12% reduction in gonorrhea and 79–80% reduction in chlamydia/syphilis

- **Antibiotic Resistance (2025)**
  - DoxyPEP usage is linked to higher rates of:
    - Tetracycline-resistant gonorrhea
    - Greater prevalence of antibiotic-resistant staph/strep bacteria in the throat

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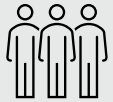
HIV PREP OPTIONS

	Route	Population	Cost	Renal CrCL
TDF/F			$	>60
TAF/F			$	>30
Cabotegravir	IM 		$$	
Lenacapavir	SC 		$$$	

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ENDING THE EPIDEMICS: ALL THE CROSSROADS

- Conversations

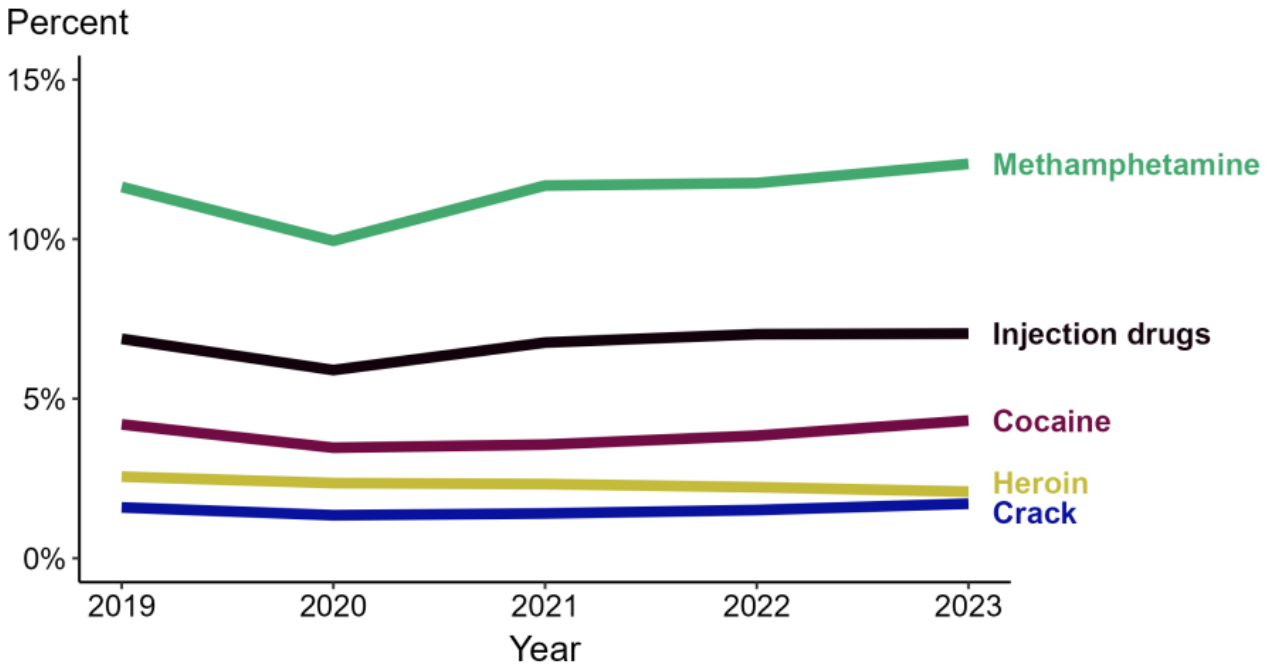
> Sexual health “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. (WHO)

- Condoms:
  - 52% of high school students **did not** use a condom @ last sexual intercourse (2023)
- Intersection of SUD and STI

Strategies: Condom Availability Programs (CAPs)

SUD AMONG PERSONS WITH SYPHILIS

Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors* by Year, United States, 2019–2023



* Percentage reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator)

- Talk chem sex
- Screen SUD

OTHER STI TO THINK ABOUT

- MPOX
  - Prevention - Vaccine
- Trichomonas
- Chancroid
- Donovanosis
- HPV
  - Vaccine
  - Anal paps

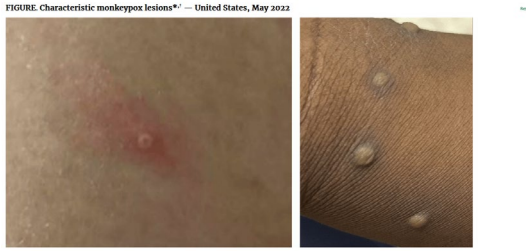
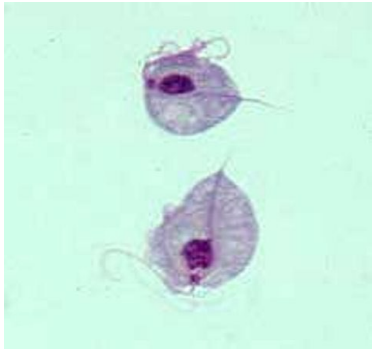


FIGURE. Characteristic monkeypox lesions*,† — United States, May 2022

* The rash associated with monkeypox involves firm, deep-seated, and well-circumscribed vesicles or pustules, which might umbilicate or become confluent. Lesions progress over time to scabs.

† Photo used with patient's permission.



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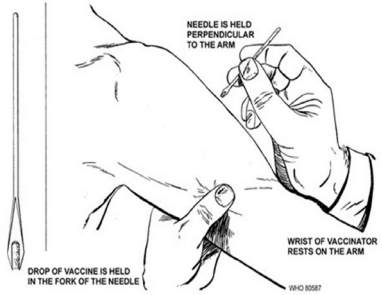
PREVENTION



- Jynneos
  - Live but replication incompetent (safe in HIV, eczema)
  - Subcutaneous,
  - European vaccine, studied in 18 US sites
  - Approved 2019 for smallpox/monkeypox
  - Indication
    - Exposure to known case
    - Sex partner positive (In the last 2 weeks)
    - Gender minority with new STI/>1 partner/ commercial work/group sex
    - Partner at risk
    - Occupational exposure
    - Traveling to clade1 outbreak area

Intimate contacts within 4 days

TRICHOMONAS VAGINALIS

- Metronidazole 500mg po bid*7 days
- Metronidazole 2g PO*1 for men
  - No routine screening
- Metronidazole 2g for any partners within the last 60 days
- Topicals exist, unreliable
- Metronidazole allergy
  - Metronidazole desensitization protocol
  - Cross reactivity with Tinidazole

Treatment failure

- Non Adherence
- Sex with untreated partner
- Retreatment

Management

- Culture sent to CDC
- Tinidazole PO + topical paramomycin *2 weeks (Workowski et al)
- $$
- Rx partner with Tinidazole

ADVANCING STI CARE QUESTIONS

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(She, her)
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