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Staying Informed: The Latest on STIs, Prevention, and Emerging Trends

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TOPICS COVERED

- Burden of reportable STIs
- Special populations of concern
- STI prevention and control highlights

BURDEN OF REPORTABLE STIS



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GLOBAL STI ESTIMATES

New infections of
chlamydia,
gonorrhoea, syphilis
or trichomoniasis

**374
million**

in adults 15 to 49 in 2020

New infections of
chlamydia,
gonorrhoea, syphilis
or trichomoniasis

**over 1
million**

new cases per day in
adults 15 to 49 in 2020

New infections of
syphilis

**8
million**

in adults 15 to 49 in 2022

Cases of congenital
syphilis

700 000

in 2022

Source: <https://www.who.int/data/gho/data/themes/topics/global-and-regional-sti-estimates>



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The State of STIs in the U.S. in 2023



1.6 million cases of **CHLAMYDIA**;
9% decrease since 2019.



601,319 cases of **GONORRHEA**;
2% decrease since 2019.



209,253 cases of **SYPHILIS**;
61% increase since 2019.



3,882 cases of **SYPHILIS**
AMONG NEWBORNS;
106% increase since 2019.



Sexually Transmitted Infections Surveillance, 2023

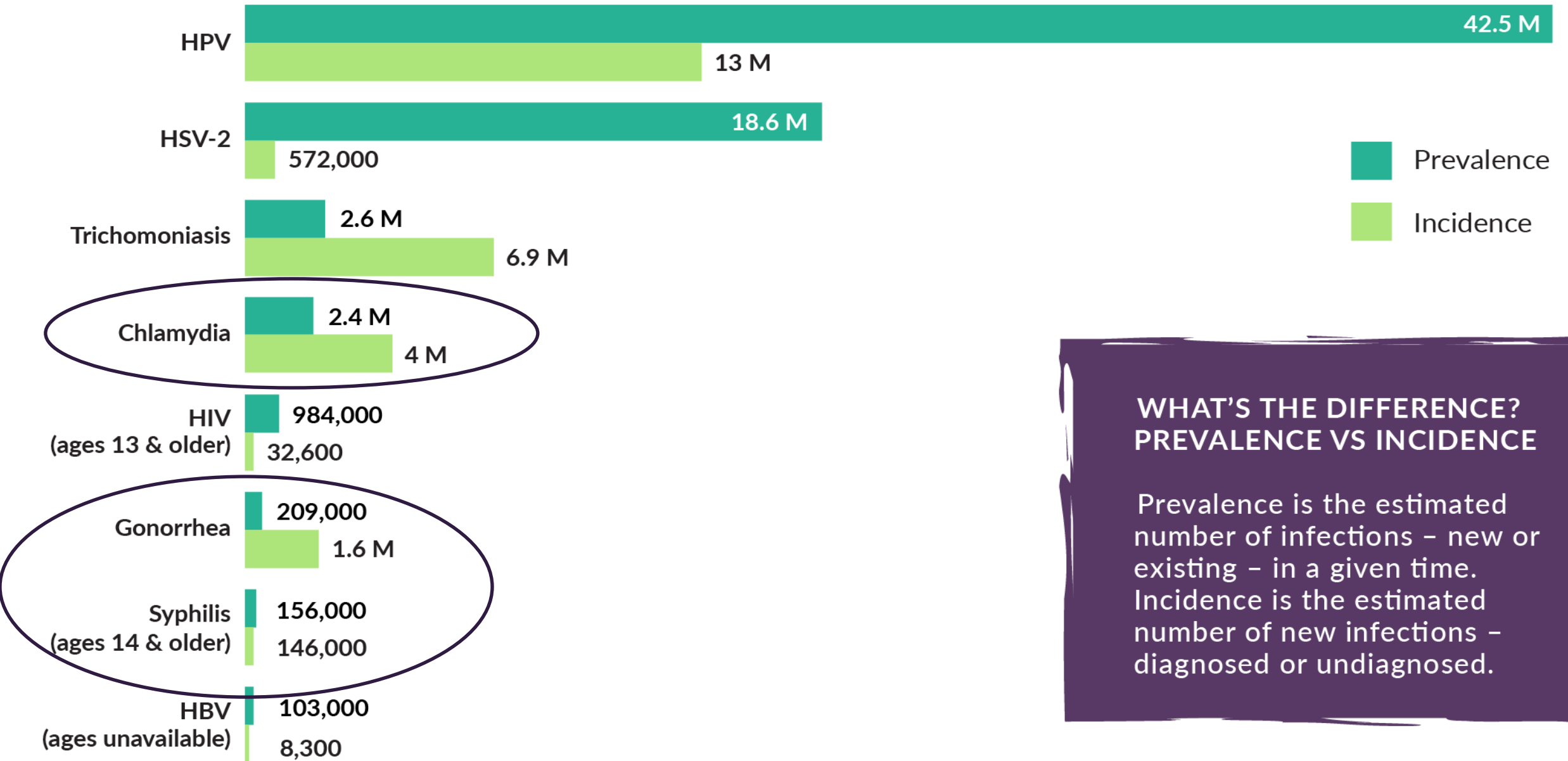


While more than 2.4 million STIs were reported in the U.S., CDC data suggest the epidemic may be slowing.

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

STI Prevalence and Incidence in the US

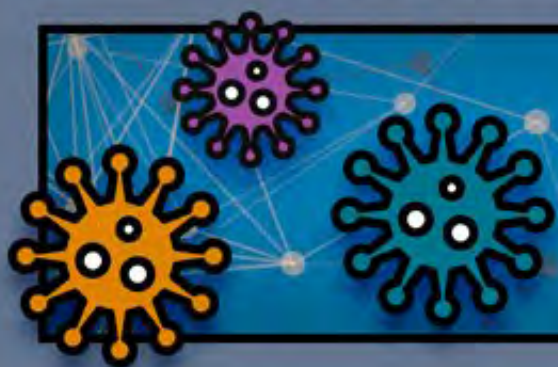


WHAT'S THE DIFFERENCE? PREVALENCE VS INCIDENCE

Prevalence is the estimated number of infections – new or existing – in a given time. Incidence is the estimated number of new infections – diagnosed or undiagnosed.

*Bars are for illustration only; not to scale, due to wide range in number of infections. Estimates for adults and adolescents ages 15+ unless otherwise stated. HIV and HBV data only represent sexually acquired infections.

LEFT UNTREATED, STDS CAN CAUSE:



INCREASED RISK OF GIVING
OR GETTING HIV



LONG-TERM
PELVIC/ABDOMINAL PAIN

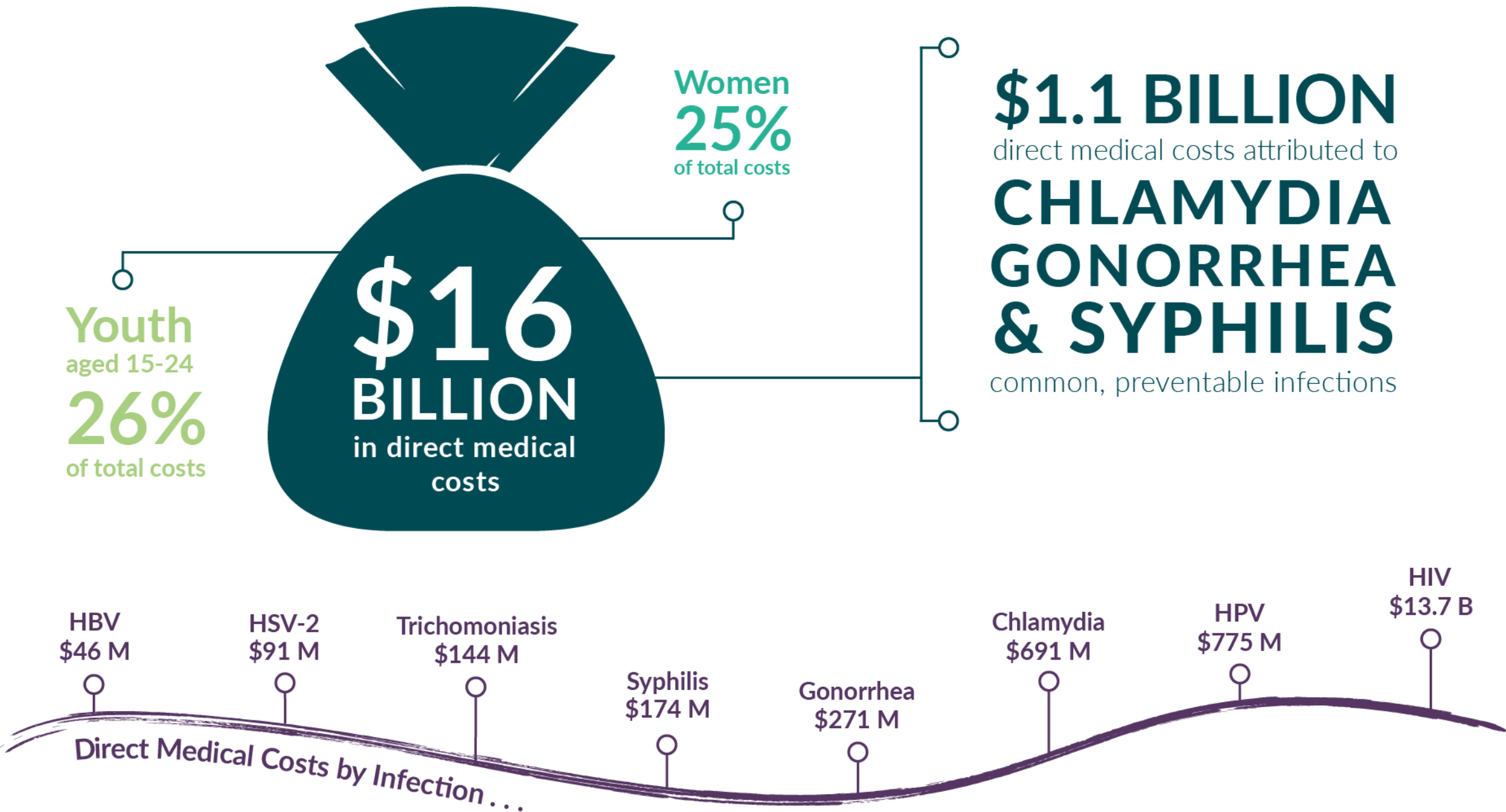


INABILITY TO GET PREGNANT OR
PREGNANCY COMPLICATIONS

PREVENT THE SPREAD
OF STDS WITH THREE
SIMPLE STEPS:

talk | **test** | **treat**



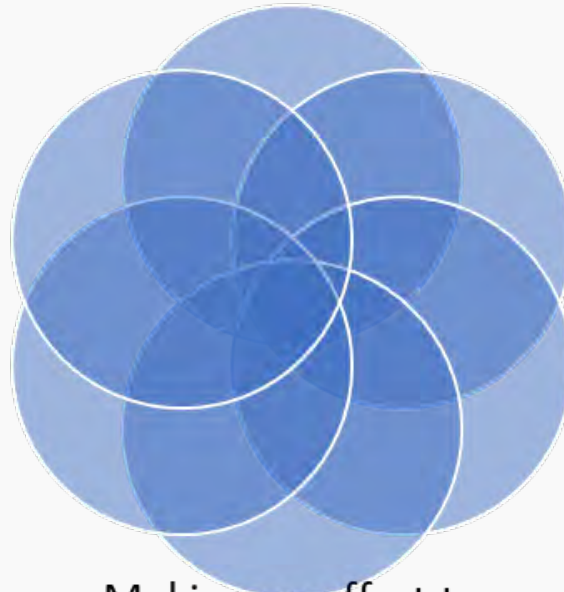


BEING SEXUALLY HEALTHY MEANS:

Being able to communicate about sexual health with others including sexual partners and healthcare providers.

Being able to **experience sexual pleasure, satisfaction, and intimacy** when desired.

Understanding that **sexuality** is a **natural** part of life and involves more than sexual behavior.



Making an effort to **prevent unintended pregnancies and STDs** and seek care and treatment when needed.

Recognizing and respecting the **sexual rights** we all share.













Having access to sexual health information, education, and care.



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<http://www.ashasexualhealth.org/sexual-health/>

SURVEY OF HIGH SCHOOL STUDENTS ABOUT SEX

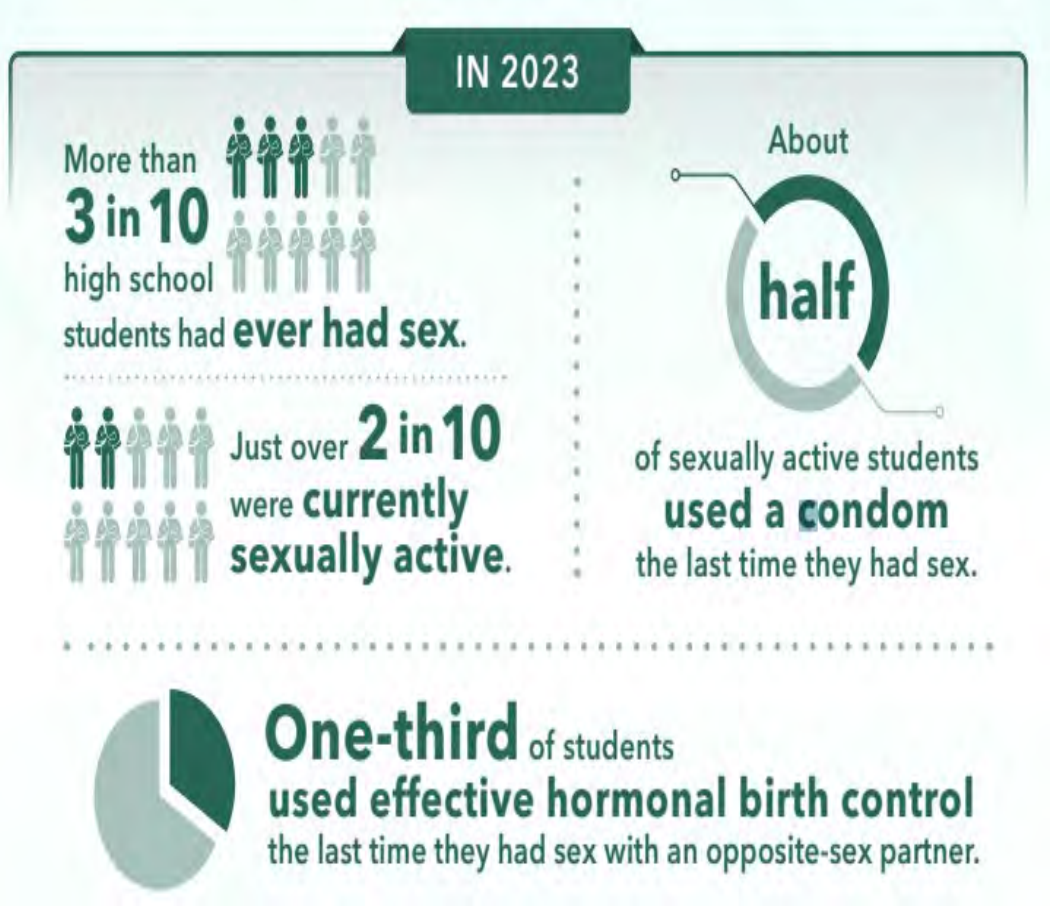
The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Ever had sex	47	41	40	38	30	32		
Had four or more lifetime sexual partners	15	11	10	9	6	6		
Were currently sexually active	34	30	29	27	21	21		
Used a condom during last sexual intercourse†	59	57	54	54	52	52		
Used effective hormonal birth control‡	—	—	—	—	33	33	—	
Were ever tested for HIV	13	10	9	9	6	7		
Were tested for STDs during the past year§	—	—	—	9	5	6		

*For the complete wording of YRBS questions, refer to Appendix A.

†Among sexually active students.

‡Survey question changed in the 2021 national YRBS; therefore, only two years of data are available.

§Question introduced in 2019.



ADDITIONAL ISSUES IMPACTING SEXUAL HEALTH

The Percentage of High School Students Who:*	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	2023 Total	Trend (All Years Available)	2-Year Change (2021-2023)
Were threatened or injured with a weapon at school	7	6	6	7	7	9		
Did not go to school because of safety concerns	7	6	7	9	9	13		
Were electronically bullied	15	16	15	16	16	16		
Were bullied at school	20	20	19	20	15	19		
Were ever forced to have sex	7	7	7	7	8	9		
Experienced sexual violence by anyone†	–	–	10	11	11	11		

*For the complete wording of YRBS questions, refer to Appendix A.

†Question introduced in 2017.



In wrong direction



No change



In right direction

EXPERIENCING VIOLENCE

IN 2023

Female and **LGBTQ+** high school **students** were **more likely** than their peers to **experience violence**.

Nearly **2 in 10** female students experienced sexual violence by anyone and more than **1 in 10** had ever been forced to have sex.

Nearly **3 in 10** LGBTQ+ students were bullied at school and nearly **2 in 10** missed school because of safety concerns.

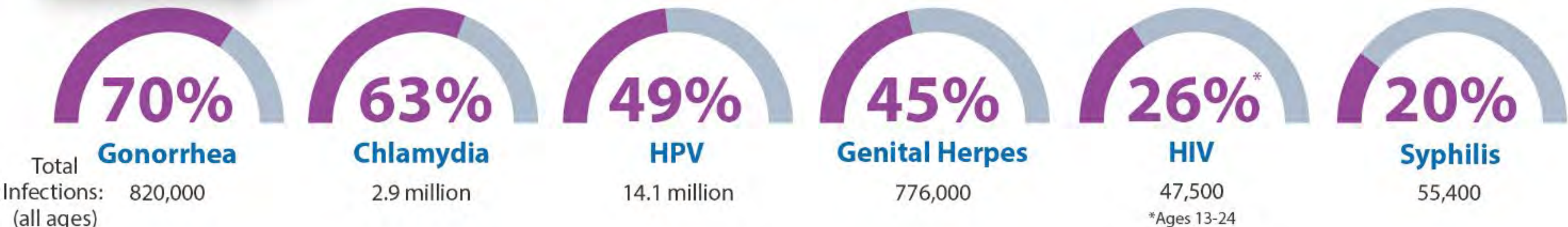


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Ages 15-24

Ages 25+

Young people account for a substantial proportion of new STIs



Unique factors place youth at risk for STIs



Insufficient Screening

Many young women don't receive the chlamydia screening CDC recommends



Confidentiality Concerns

Many are reluctant to disclose risk behaviors to doctors



Biology

Young women's bodies are biologically more susceptible to STIs



Lack of Access to Healthcare

Youth often lack insurance or transportation needed to access prevention services



Multiple Sex Partners

Many young people have multiple partners, which increases STI risk

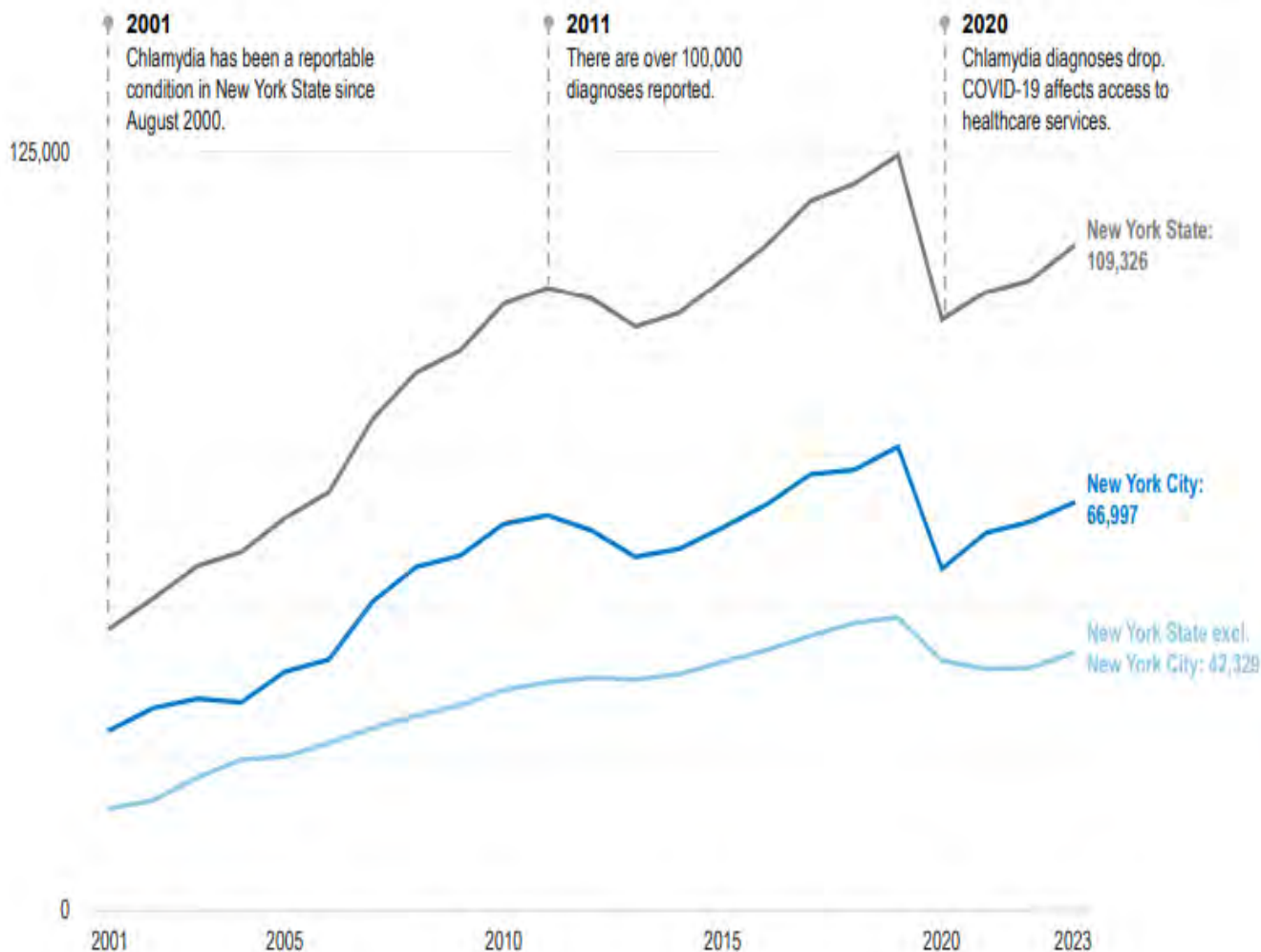
CRITERIA FOR MAKING AN STI REPORTABLE

Characteristic	Description	Does <i>TV</i> Infection Meet the Criterion?
Indices of frequency	What are the incidence and prevalence?	Yes
Indices of severity	What is the case-fatality ratio, hospitalization rate, or disability rate?	Unclear
Disparities or inequities associated with the health-related event	Does prevalence vary across populations?	Yes
Costs associated with the health-related event	What is the socioeconomic burden of the event?	Unclear
Preventability	Can public health interventions prevent or control the disease?	Unclear
Communicability	What is the infectiousness of incident cases?	Yes
Public interest	What is the current level of concern in the population about the disease?	No

CHLAMYDIA & GONORRHEA

2023 DATA

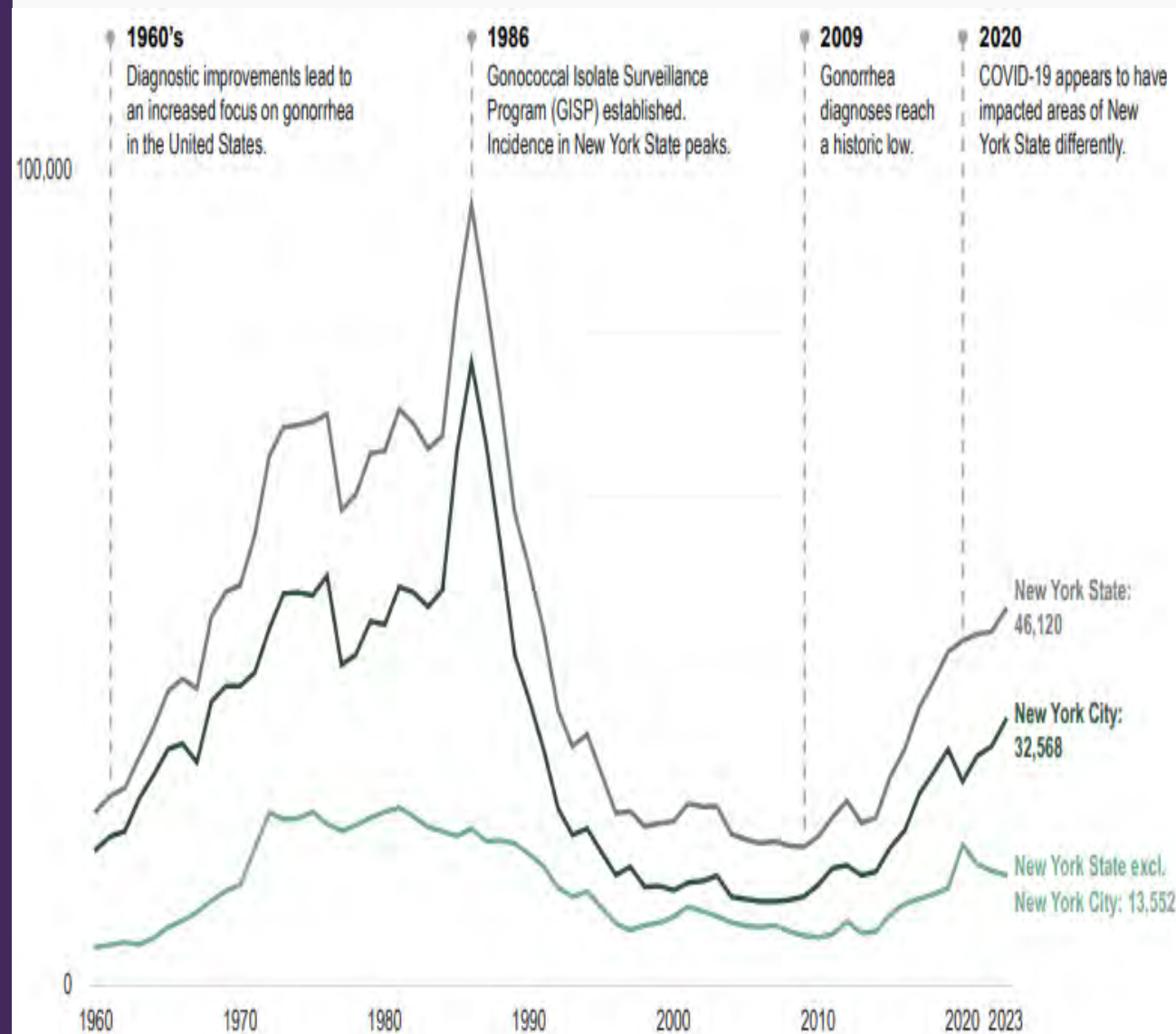
CHLAMYDIA, NEW YORK STATE



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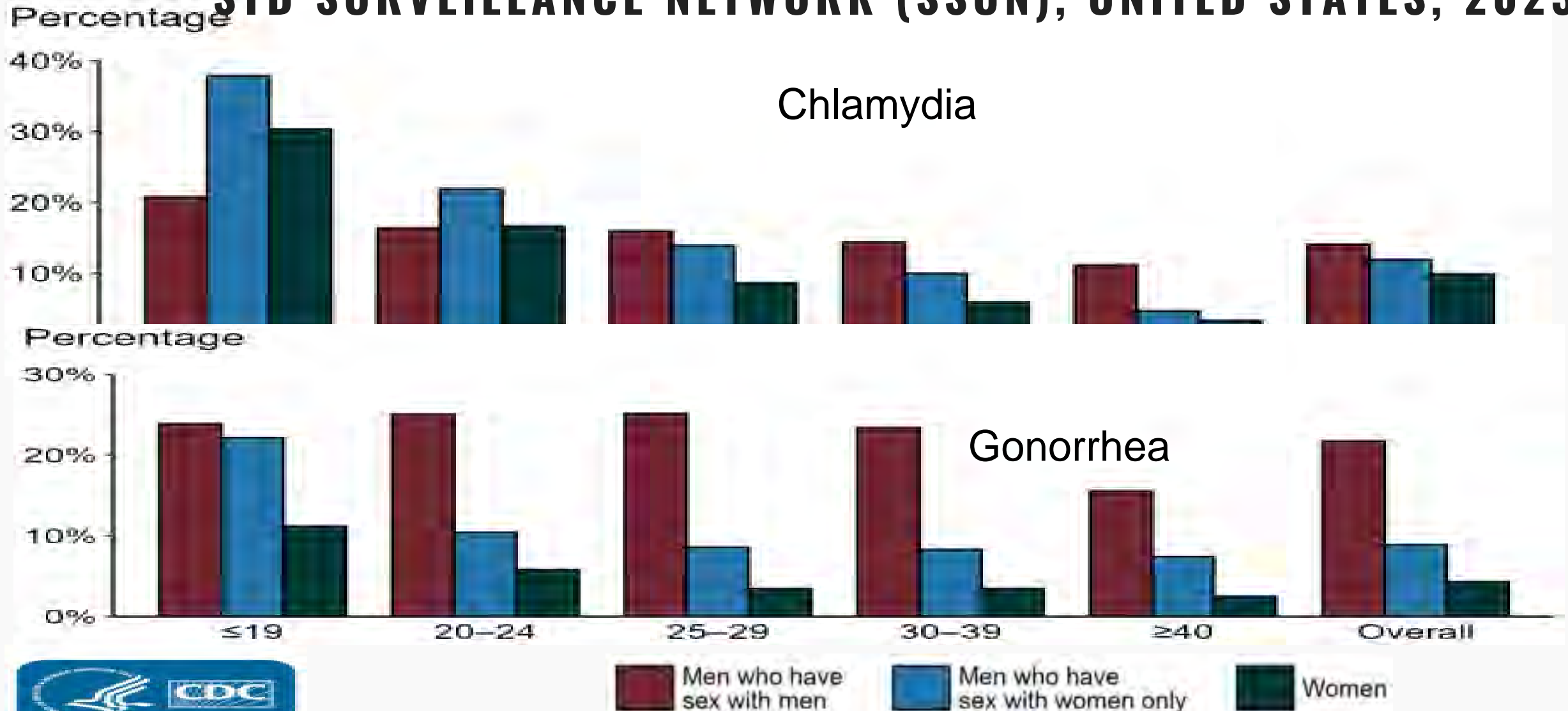
*age-adjusted rate per
100,000 persons

GONORRHEA, NEW YORK STATE



*age-adjusted rate per
100,000 persons

PROPORTION OF STD CLINIC PATIENTS TESTING POSITIVE BY AGE GROUP, SEX, AND SEX OF SEX PARTNERS, STD SURVEILLANCE NETWORK (SSUN), UNITED STATES, 2023



CHLAMYDIA AND GONORRHEA: SCREENING

Recommendation Summary

Population	Recommendation	Grade
Sexually active women, including pregnant persons	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B
Sexually active women, including pregnant persons	The USPSTF recommends screening for gonorrhea in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection.	B
Sexually active men	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for chlamydia and gonorrhea in men.	I

Source:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>



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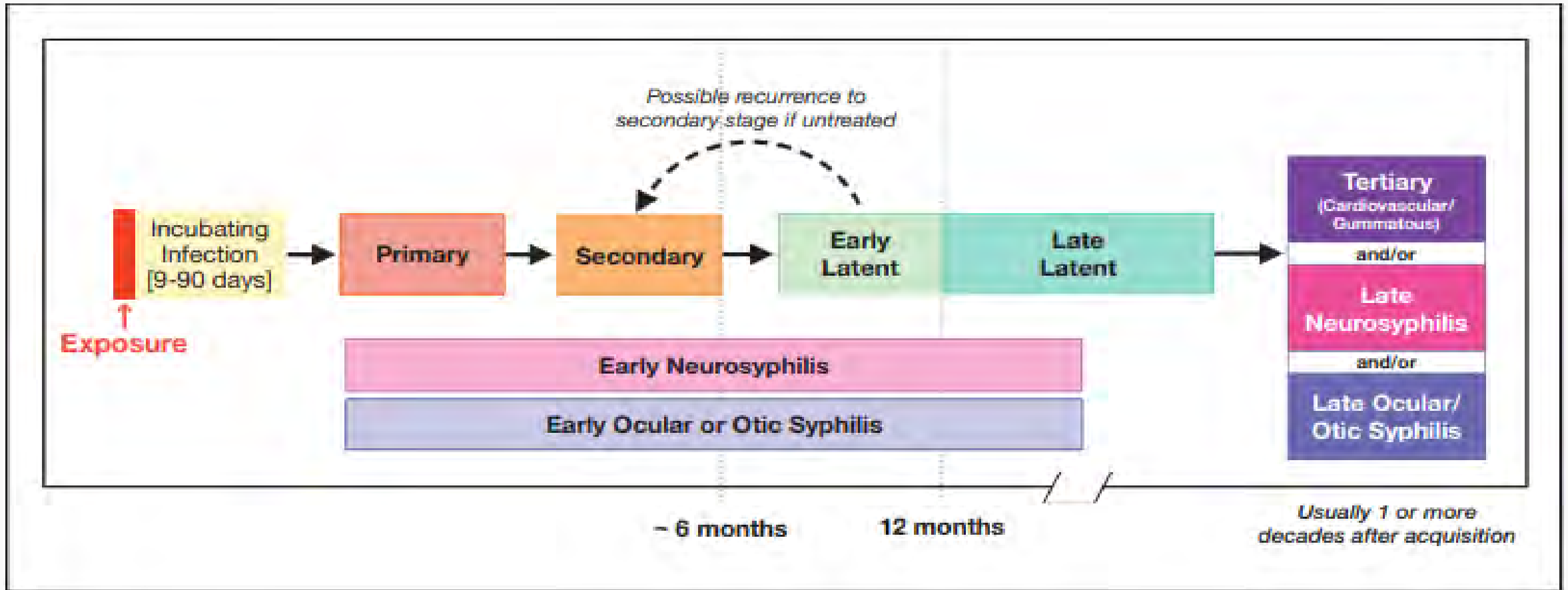
SYPHILIS (THE GREAT IMITATOR)

2023 DATA



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NATURAL HISTORY OF UNTREATED SYPHILIS



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Source:

https://www.nycptc.org/x/Syphilis_Monograph_2019_NYC_PTC_NYC_DOHMH.pdf

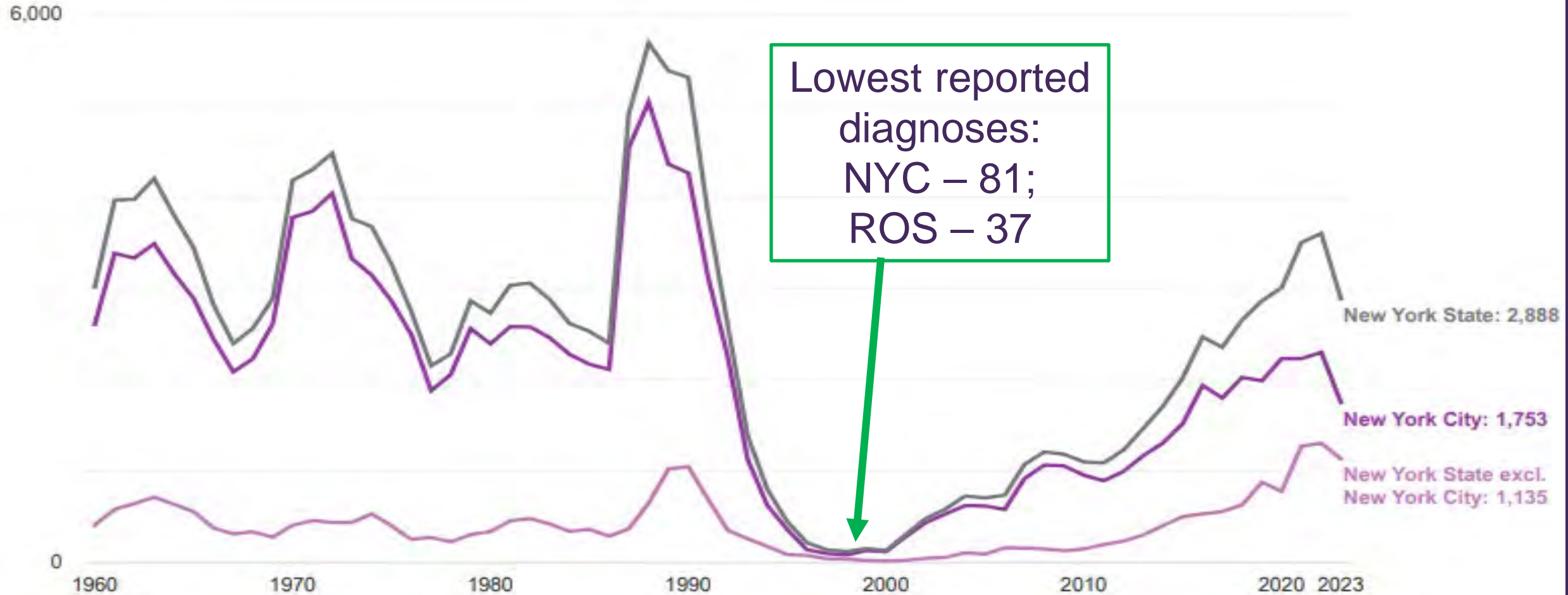
SECONDARY SYPHILIS



SECONDARY SYPHILIS

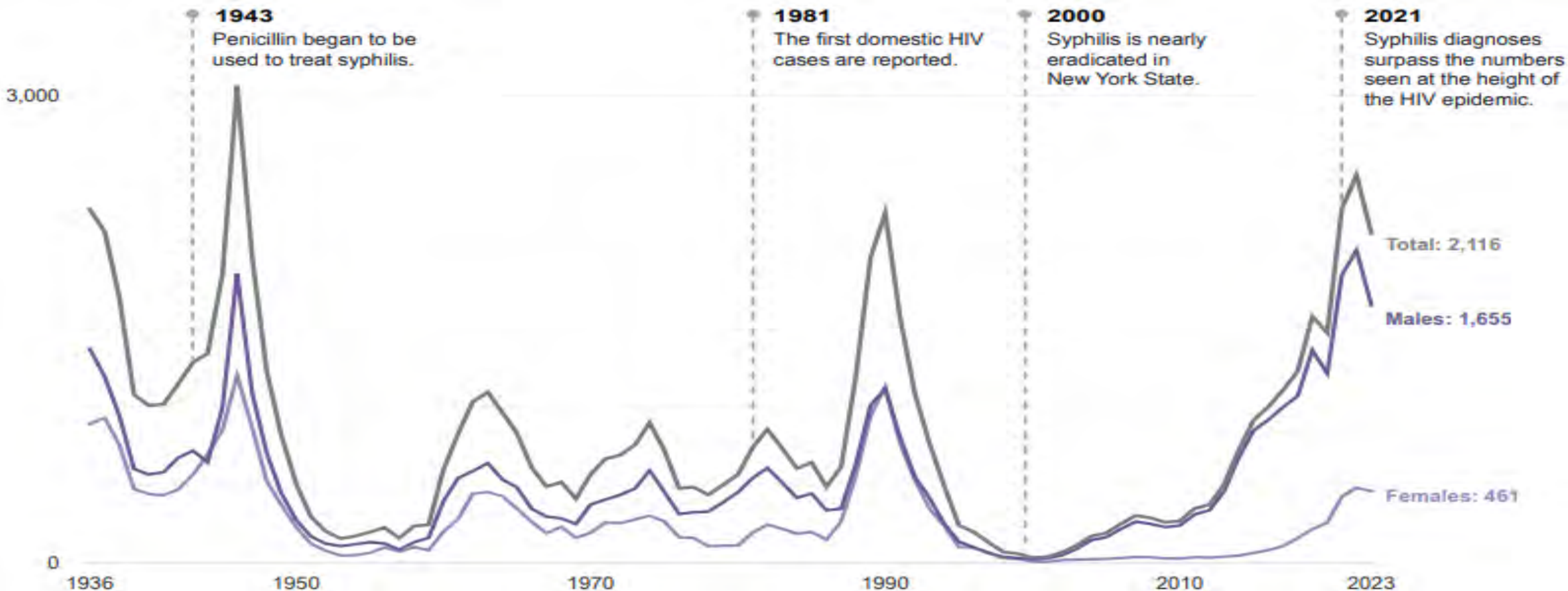


REPORTED PRIMARY AND SECONDARY SYPHILIS, NEW YORK STATE, 1960 - 2023



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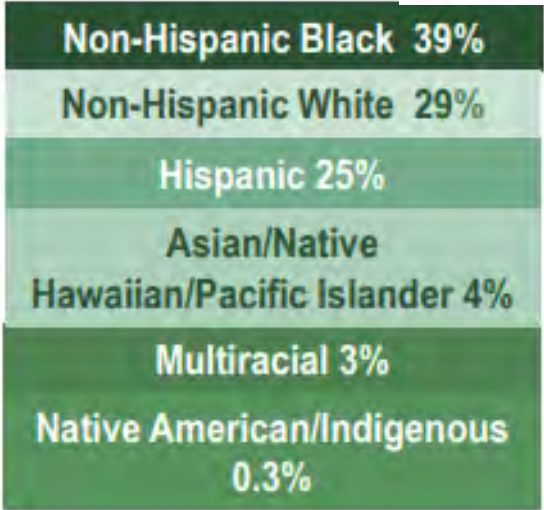
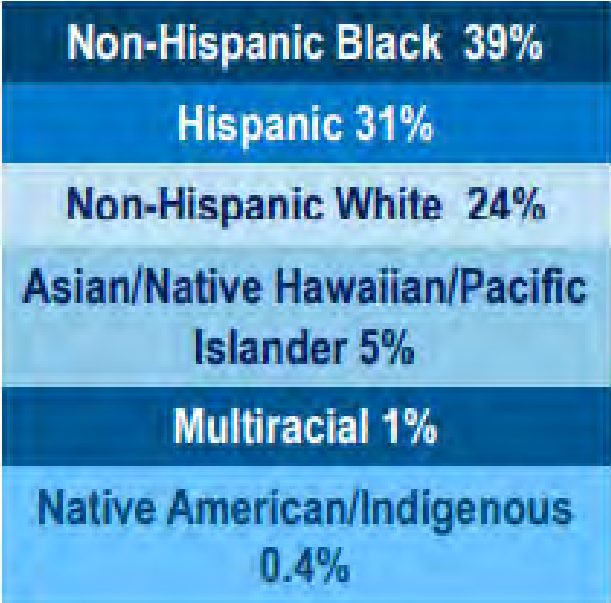
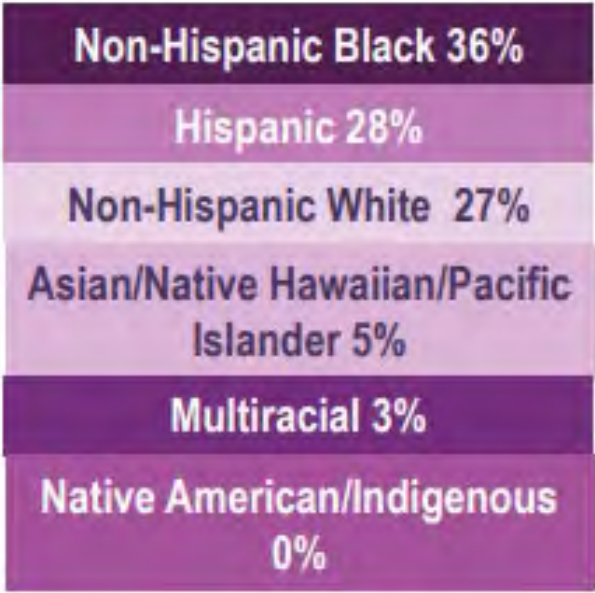
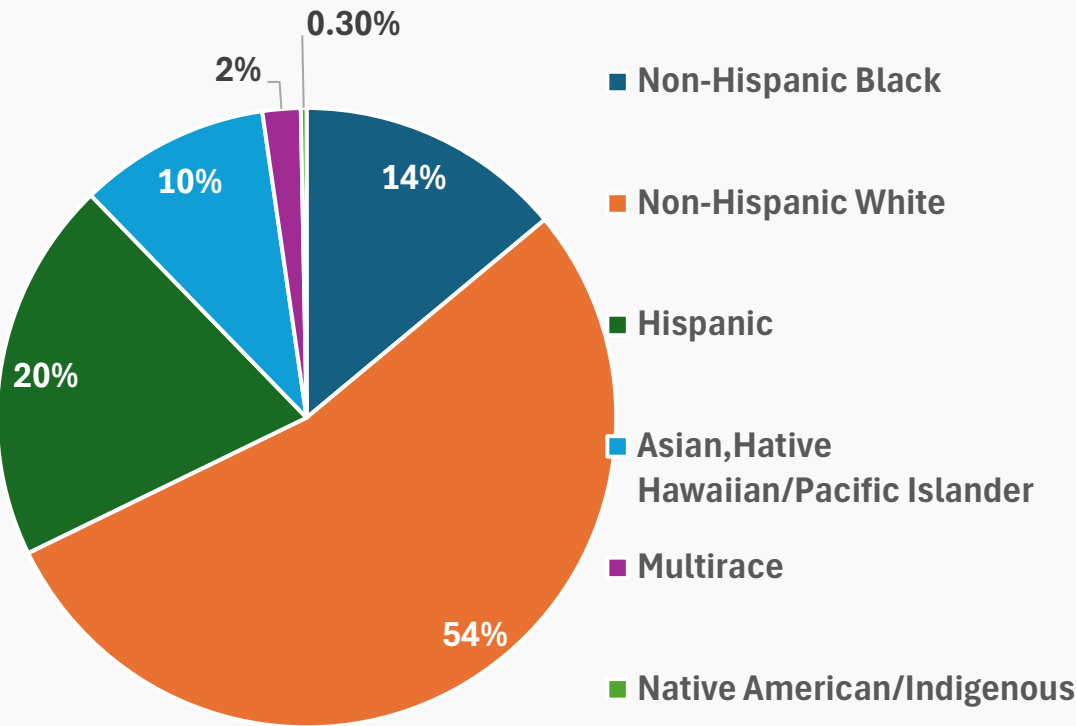
EARLY SYPHILIS DIAGNOSES BY BIRTH SEX, NEW YORK STATE COUNTIES EXCLUDING NEW YORK CITY 1936 - 2023



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RACIAL/ETHNIC BURDEN OF CHLAMYDIA, GONORRHEA, & SYPHILIS, NEW YORK STATE, 2023

Racial/Ethnic Distribution in General Population, New York State, 2023



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SPECIAL POPULATIONS AND AREAS OF CONCERN



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SYNDEMICS

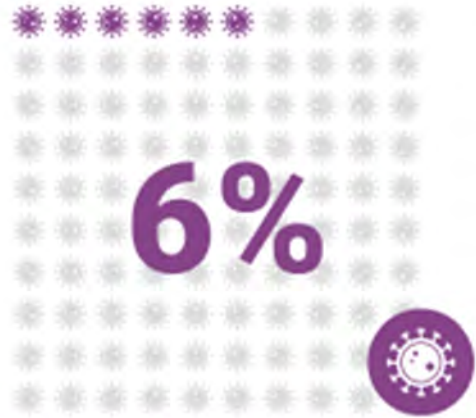
is a conceptual framework for understanding diseases or health conditions that arise in populations and that are exacerbated by the social, economic, environmental, and political milieu in which a population is immersed.

The hallmark of a syndemic is the presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more deleterious by experienced inequities.

Syndemics: health in context

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)30640-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30640-2/fulltext)

SYNDEMIC APPROACH TO REVERSING RISE IN STI



of sexually acquired HIV infections are attributed to chlamydia, gonorrhea, and syphilis.

STIs & Substance Use



Use of opioids and other substances has been linked to increasing STIs and outbreaks of infectious diseases.



3x
More Likely

STIs & Viral Hepatitis

4 in 10

acute hepatitis B cases in the United States are estimated to result from sexual transmission.

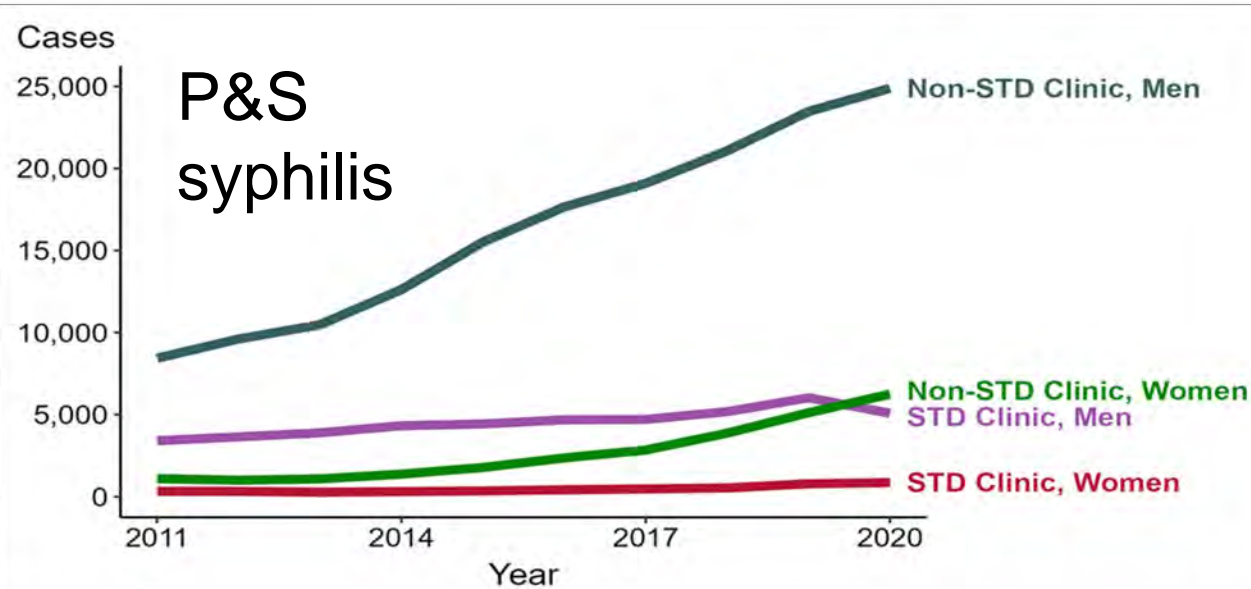
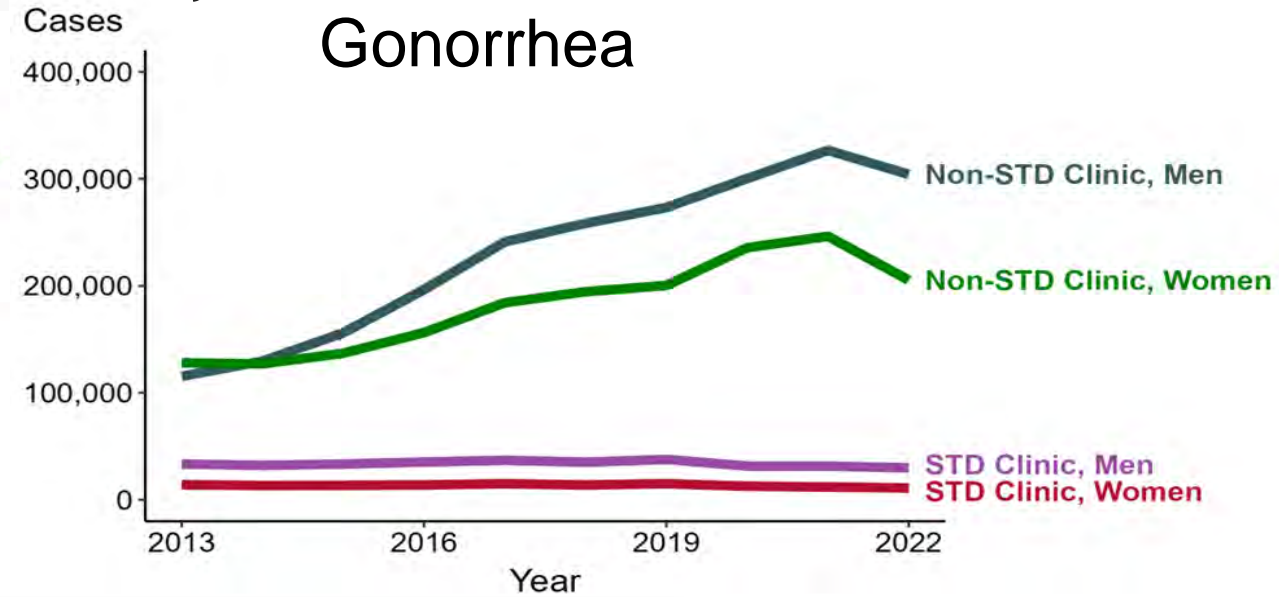
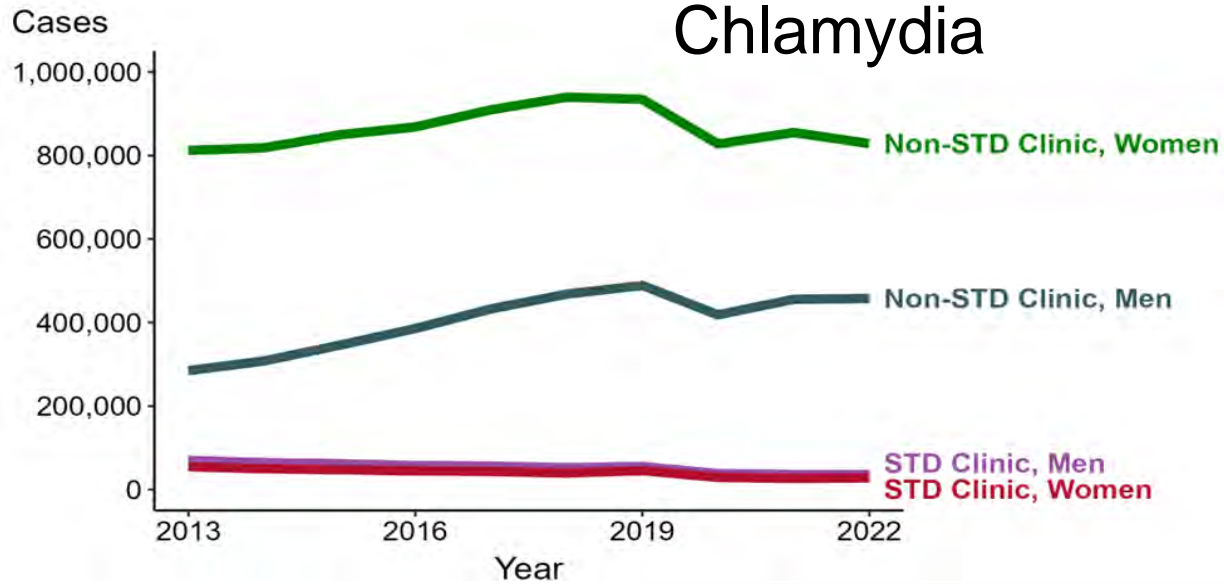


Hepatitis B is preventable with a vaccination series that can be started and completed during STI care visits.



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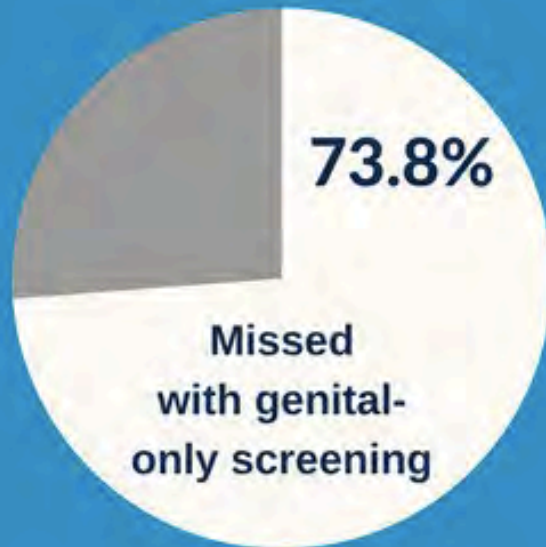
REPORTED CASES BY REPORTING SOURCE AND SEX, UNITED STATES, 2013-2022



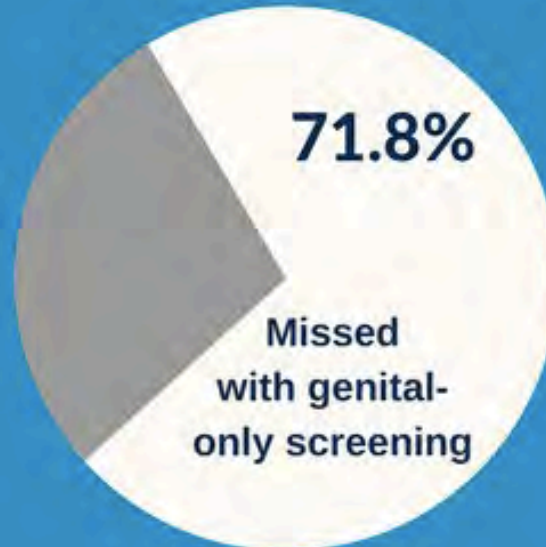
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FOR PROVIDERS: DID YOU KNOW?

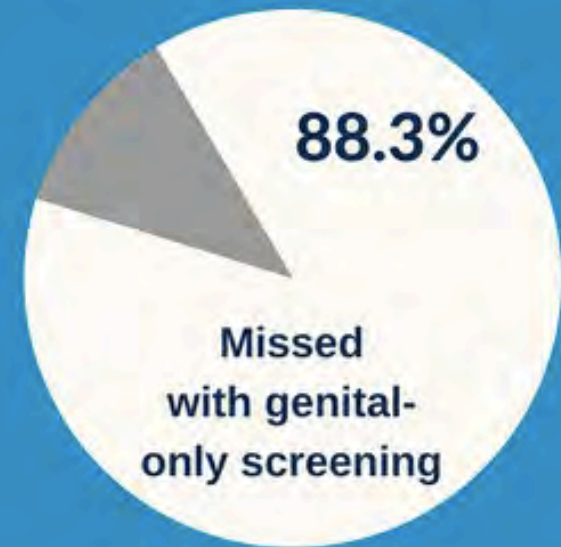
Pharyngeal Gonorrhea



Rectal Gonorrhea



Rectal Chlamydia



STD Surveillance Network, July 2010- June 2012 ,
STD clinic data for 11 SSuN jurisdictions. Patton, et al. Clin Infect Dis. March 2014.



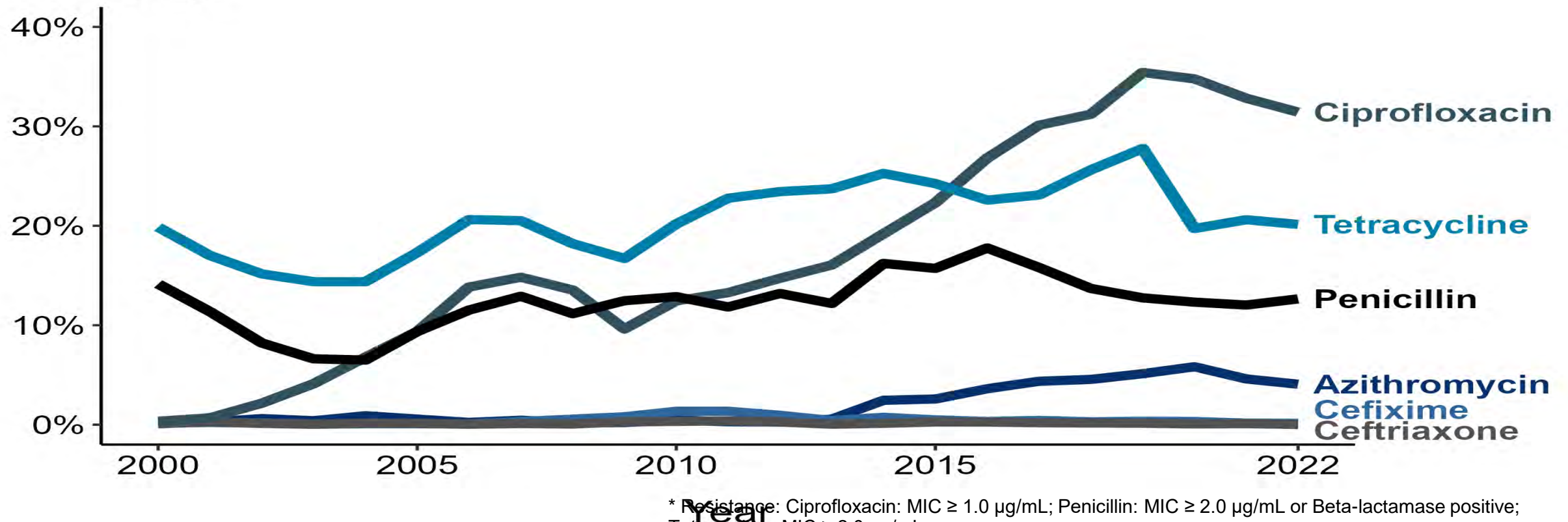
National Coalition
of STD Directors



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NEISSERIA GONORRHOEAE — PREVALENCE OF TETRACYCLINE, PENICILLIN, OR CIPROFLOXACIN RESISTANCE* OR ELEVATED CEFIXIME, CEFTRIAXONE, OR AZITHROMYCIN MINIMUM INHIBITORY CONCENTRATIONS (MICS)†, BY YEAR — GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP), 2000–2022

Percentage



* Resistance: Ciprofloxacin: MIC ≥ 1.0 $\mu\text{g/mL}$; Penicillin: MIC ≥ 2.0 $\mu\text{g/mL}$ or Beta-lactamase positive; Tetracycline: MIC ≥ 2.0 $\mu\text{g/mL}$

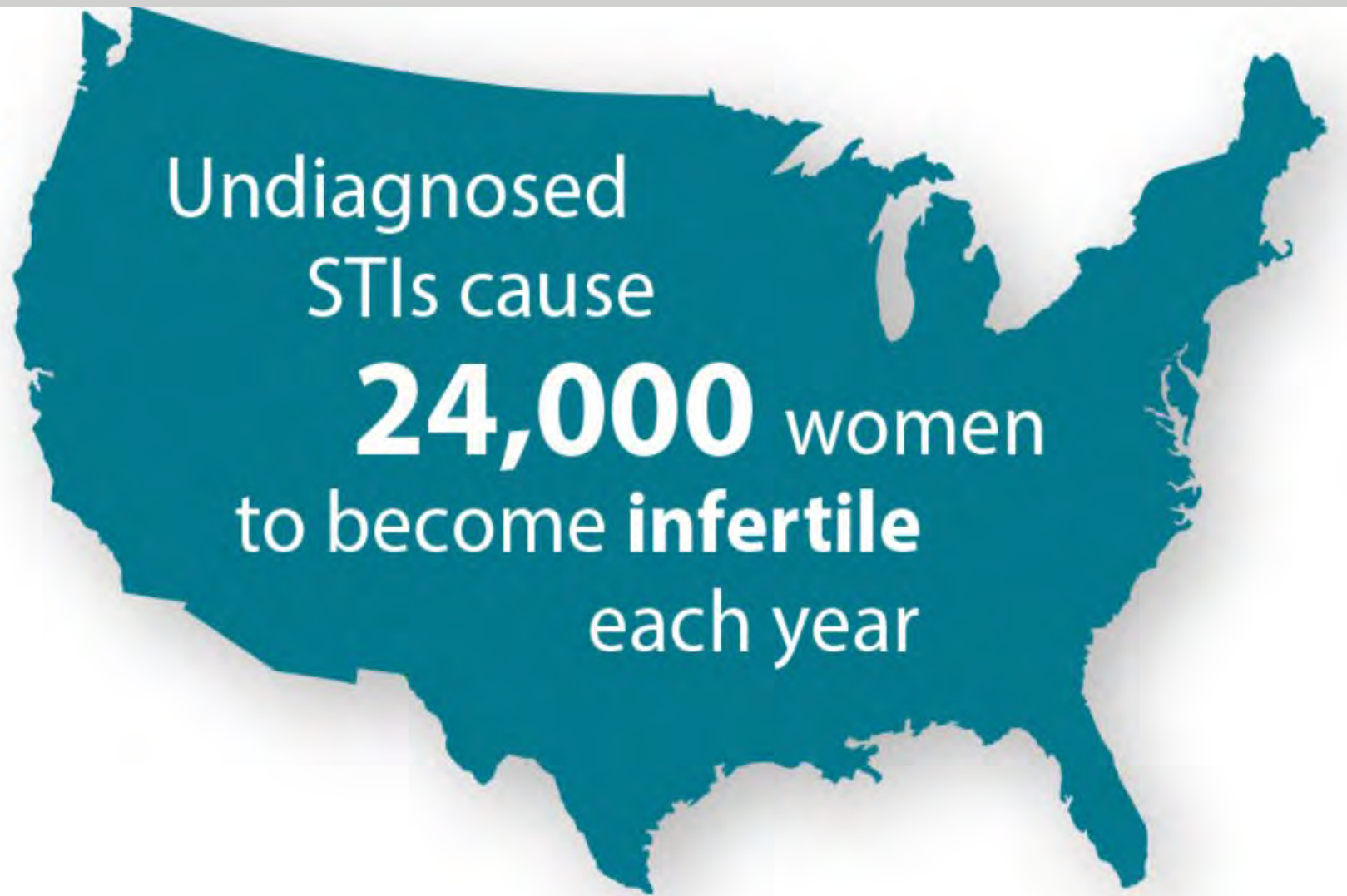
† Elevated MICs: Azithromycin: MIC ≥ 1.0 $\mu\text{g/mL}$ (2000–2004); ≥ 2.0 $\mu\text{g/mL}$ (2005–2022); Ceftriaxone: MIC ≥ 0.125 $\mu\text{g/mL}$; Cefixime: MIC ≥ 0.25 $\mu\text{g/mL}$

NOTE: Cefixime susceptibility was not tested in 2007 and 2008.



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**Consequences
of STIs are
particularly
severe
for young
women**

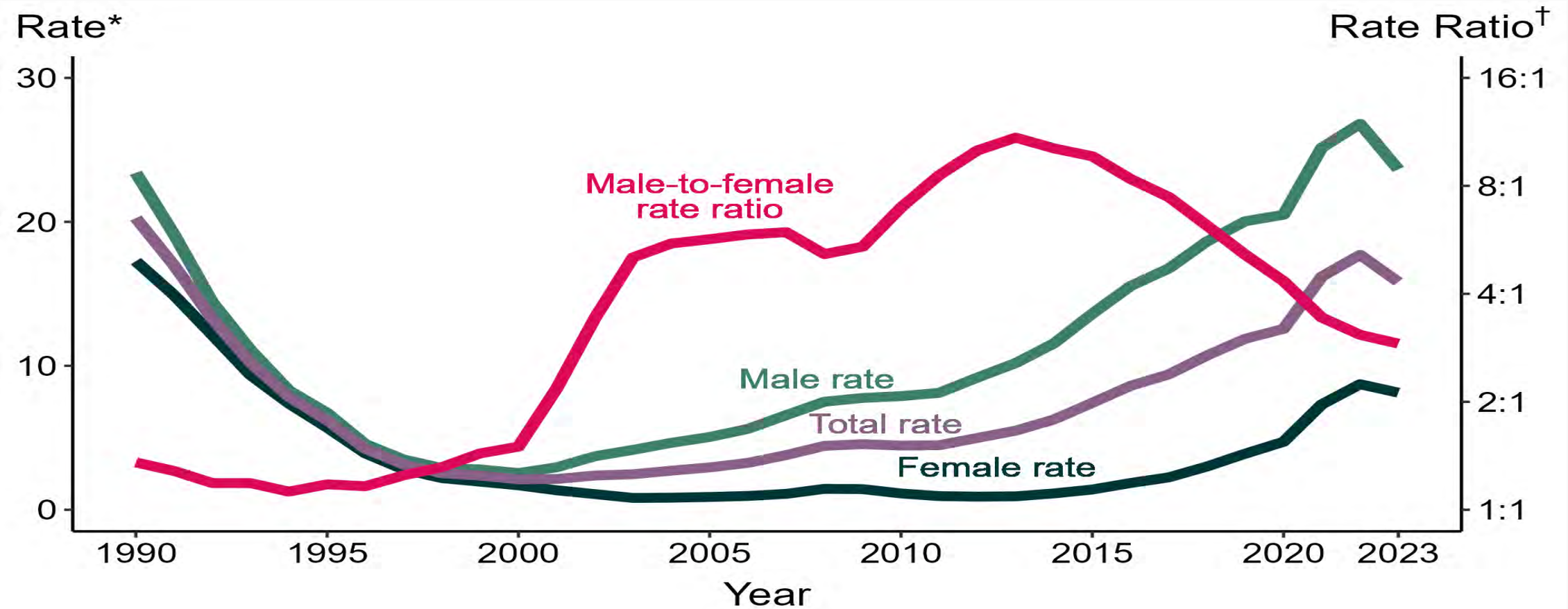


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STDs are sexist, and women are the losers. Here's why

<https://www.cnn.com/2019/10/24/health/stds-are-sexist-against-women-wellness/index.html>

PRIMARY AND SECONDARY SYPHILIS — RATES OF REPORTED CASES BY SEX AND MALE-TO-FEMALE RATE RATIOS, BY YEAR, UNITED STATES, 1990–2023

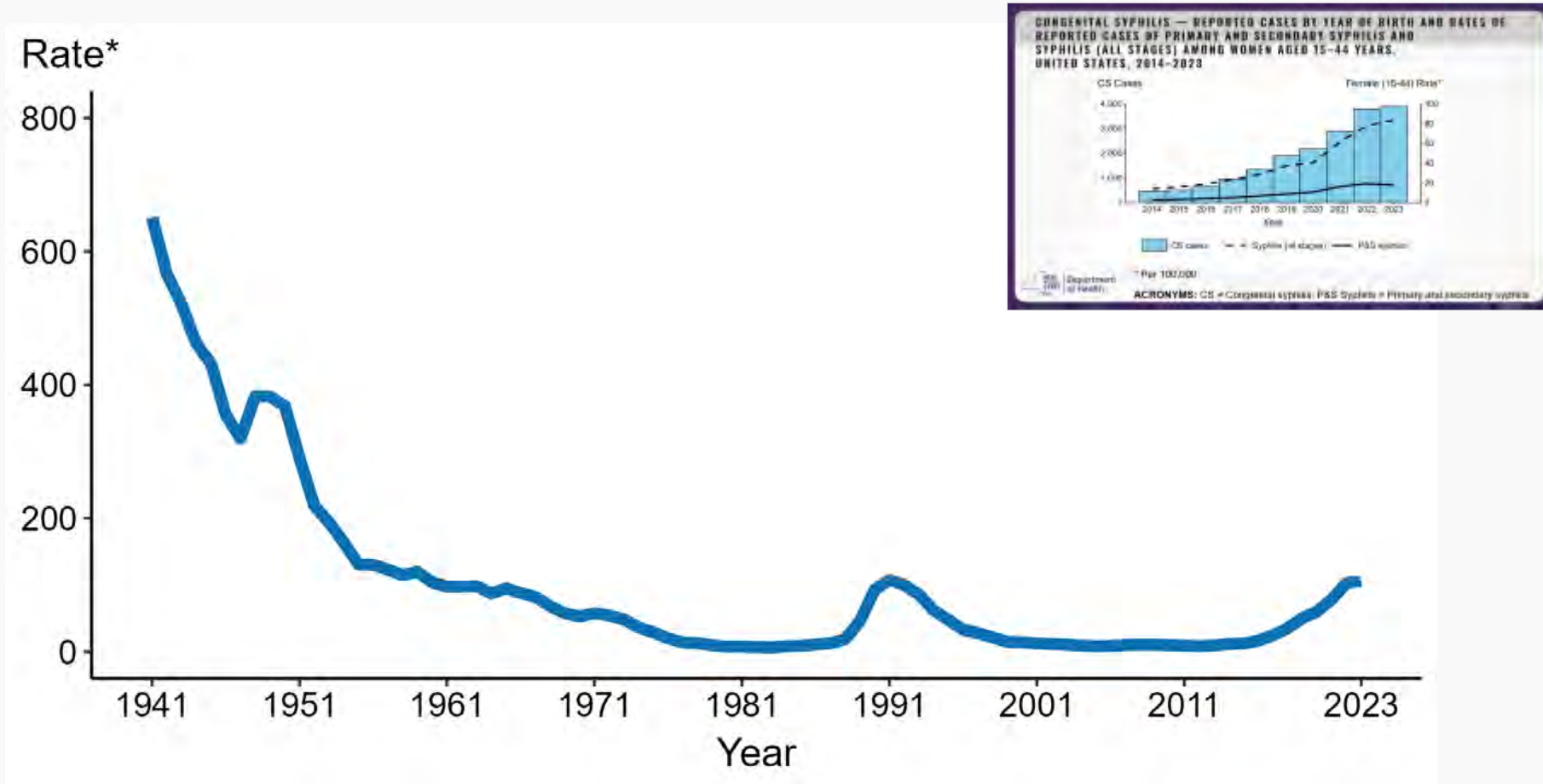


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* Per 100,000

† Log scale

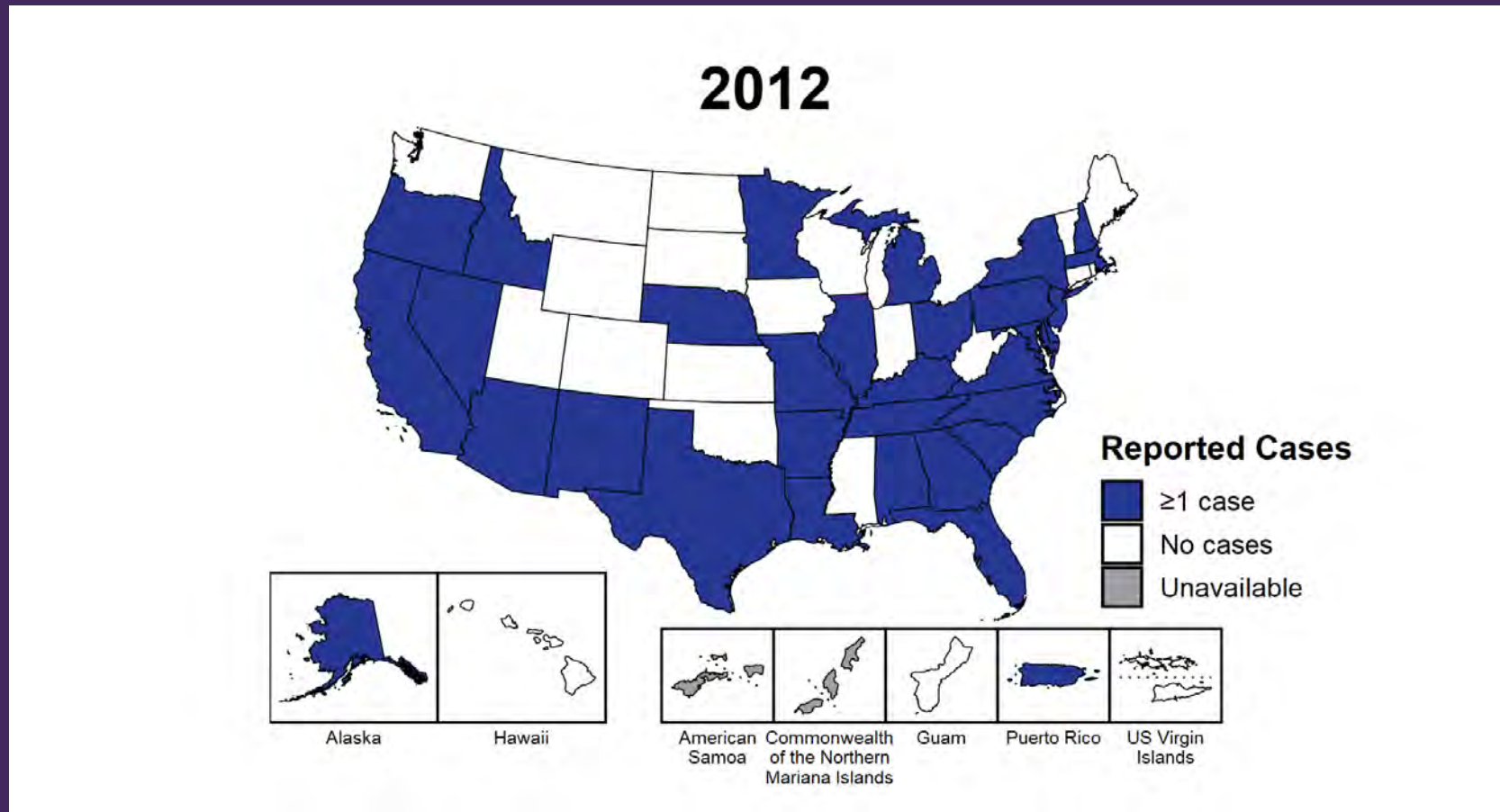
CONGENITAL SYPHILIS —, UNITED STATES, 1941–2023



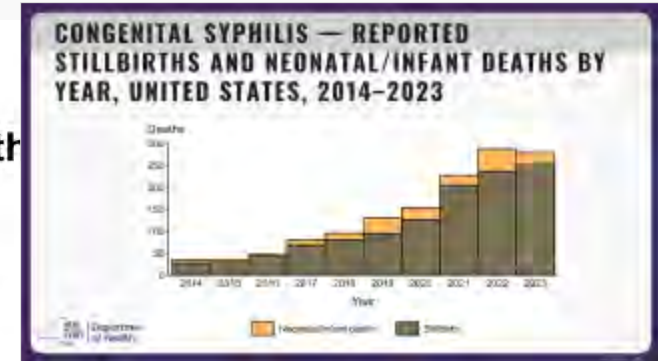
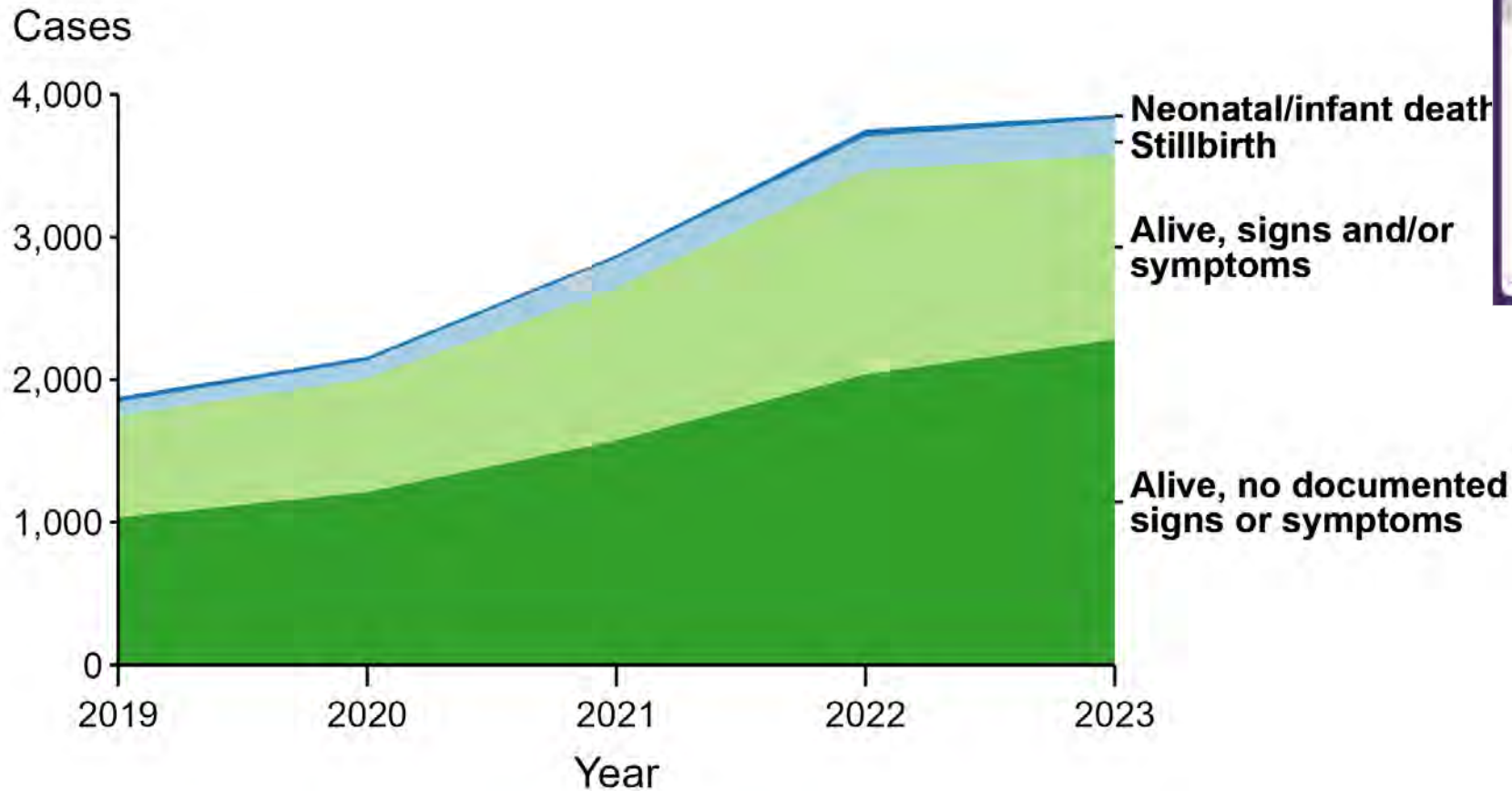
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* Per 100,000 live births

Congenital Syphilis — Reported Cases by Year of Birth and State, United States and Territories, 2012–2021



CONGENITAL SYPHILIS — REPORTED CASES BY VITAL STATUS AND CLINICAL SIGNS AND SYMPTOMS* OF INFECTION AND YEAR, UNITED STATES, 2019–2023



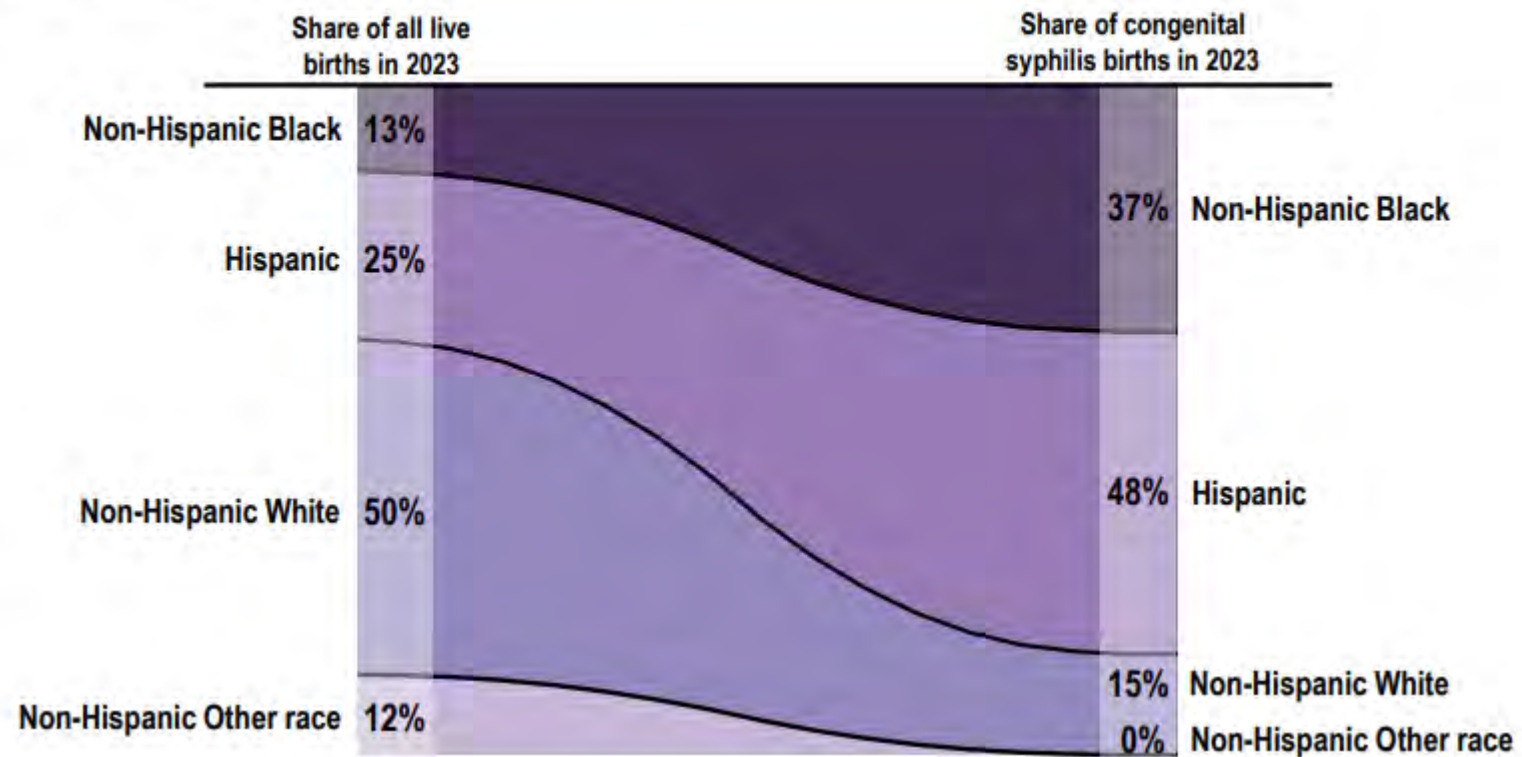
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* Neonates/infants with signs and/or symptoms of congenital syphilis (CS) have documentation of at least one of the following: long bone changes consistent with CS, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

NOTE: Of the 14,579 congenital syphilis cases reported during 2019 to 2023, 53 (0.4%) did not have sufficient information to be categorized.

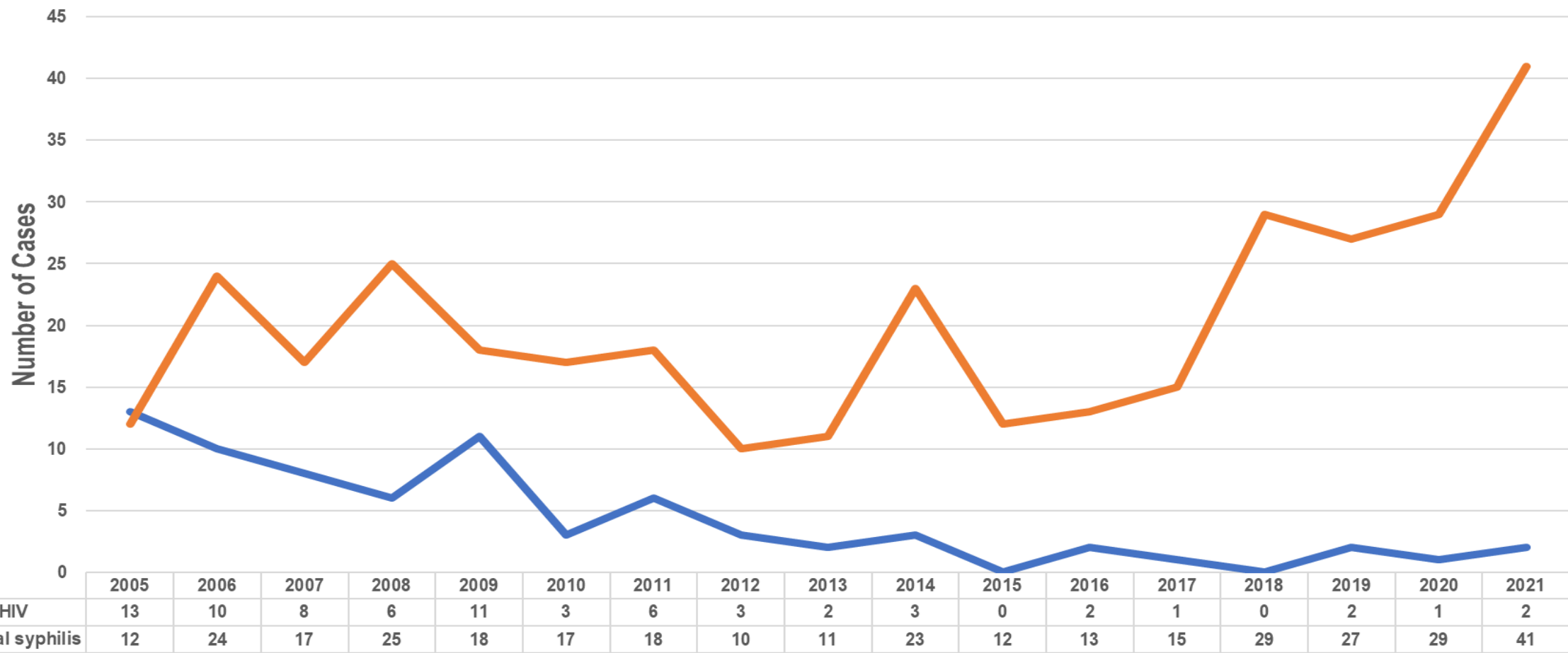
SHARE OF ALL LIVE BIRTHS VS. SHARE OF CONGENITAL SYPHILIS BIRTHS IN NEW YORK STATE, 2023

Congenital syphilis births in 2023 disproportionately impacted persons who are Hispanic and non-Hispanic Black.



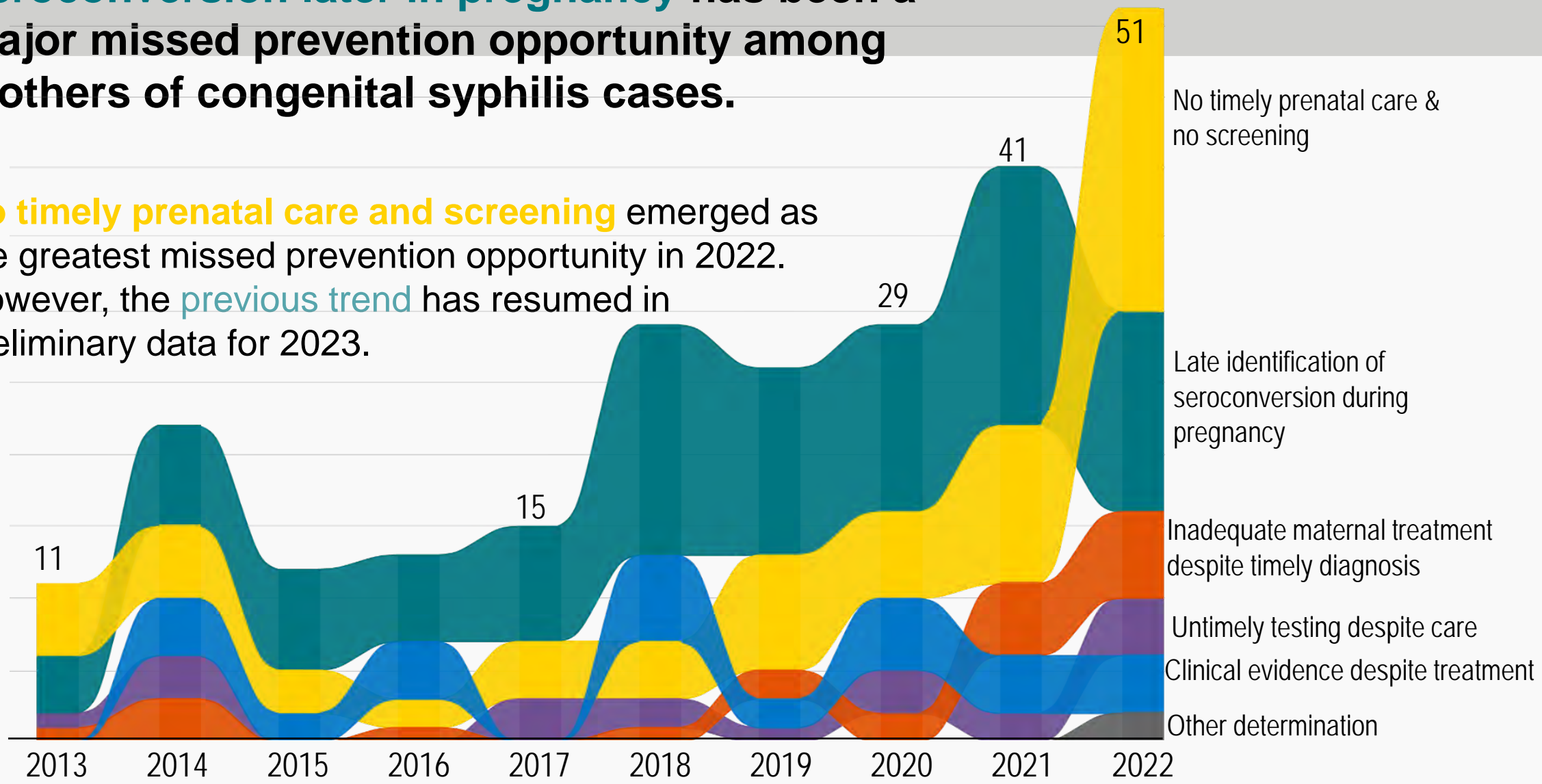
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THE SUCCESSES ACHIEVED IN ELIMINATING PERINATAL HIV TRANSMISSION NEED TO BE REPLICATED IN ELIMINATING CONGENITAL SYPHILIS IN NEW YORK STATE



Seroconversion later in pregnancy has been a major missed prevention opportunity among mothers of congenital syphilis cases.

No timely prenatal care and screening emerged as the greatest missed prevention opportunity in 2022. However, the previous trend has resumed in preliminary data for 2023.



PREVENT CONGENITAL SYPHILIS WITH TIMELY SCREENING DURING PREGNANCY

Three Screenings

First pre-natal visit

28 weeks (3rd trimester)

At delivery (3rd trimester)

NYS Public Health Law §2308:

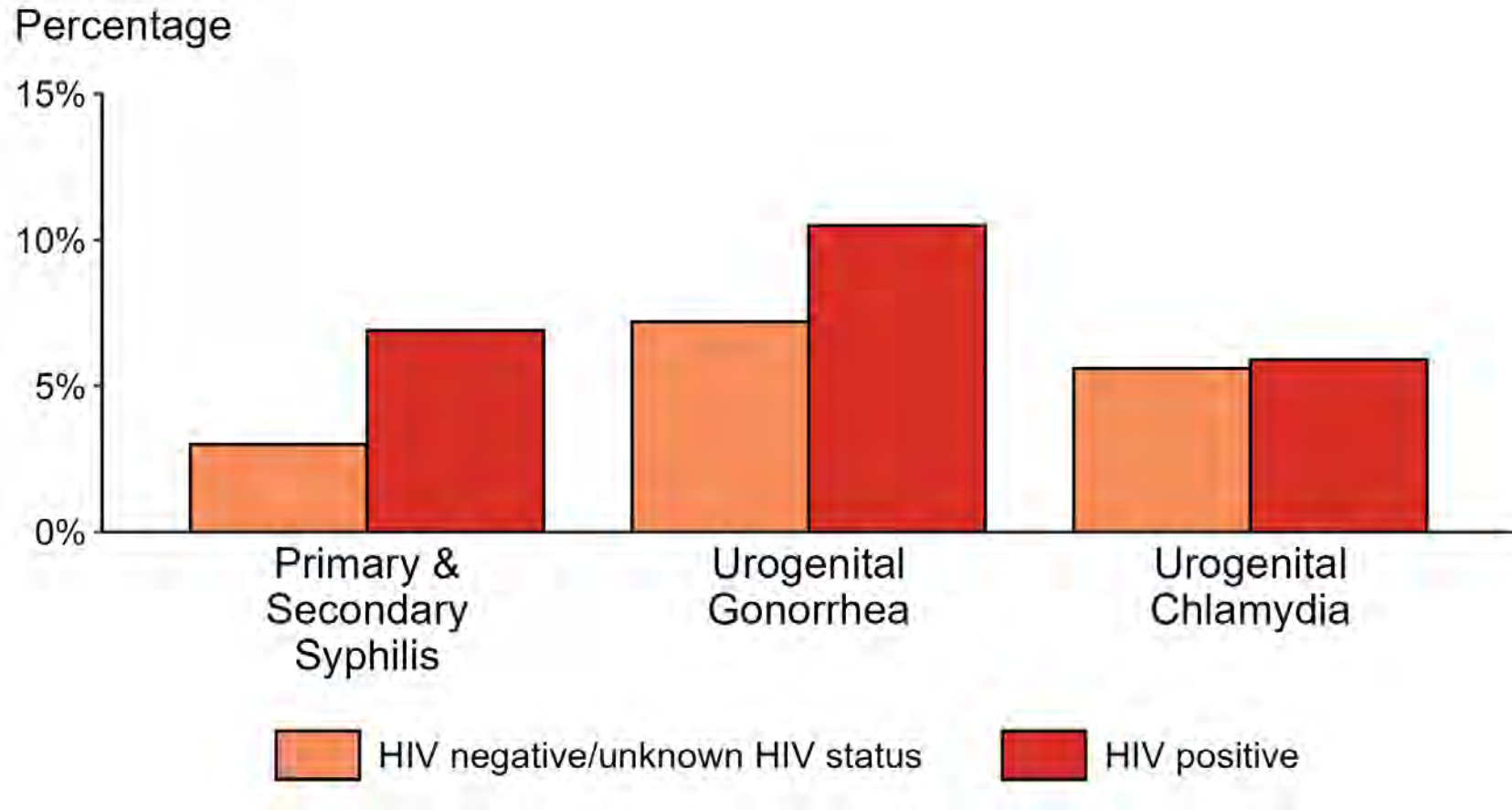
Syphilis screening is required at the time of the first exam (e.g. first pre-natal visit)

Effective May 3, 2024, 3rd trimester screening is required for all

Any person who delivers stillborn after 20 weeks must be tested

No infant should leave the hospital without mother's serostatus being documented at least once

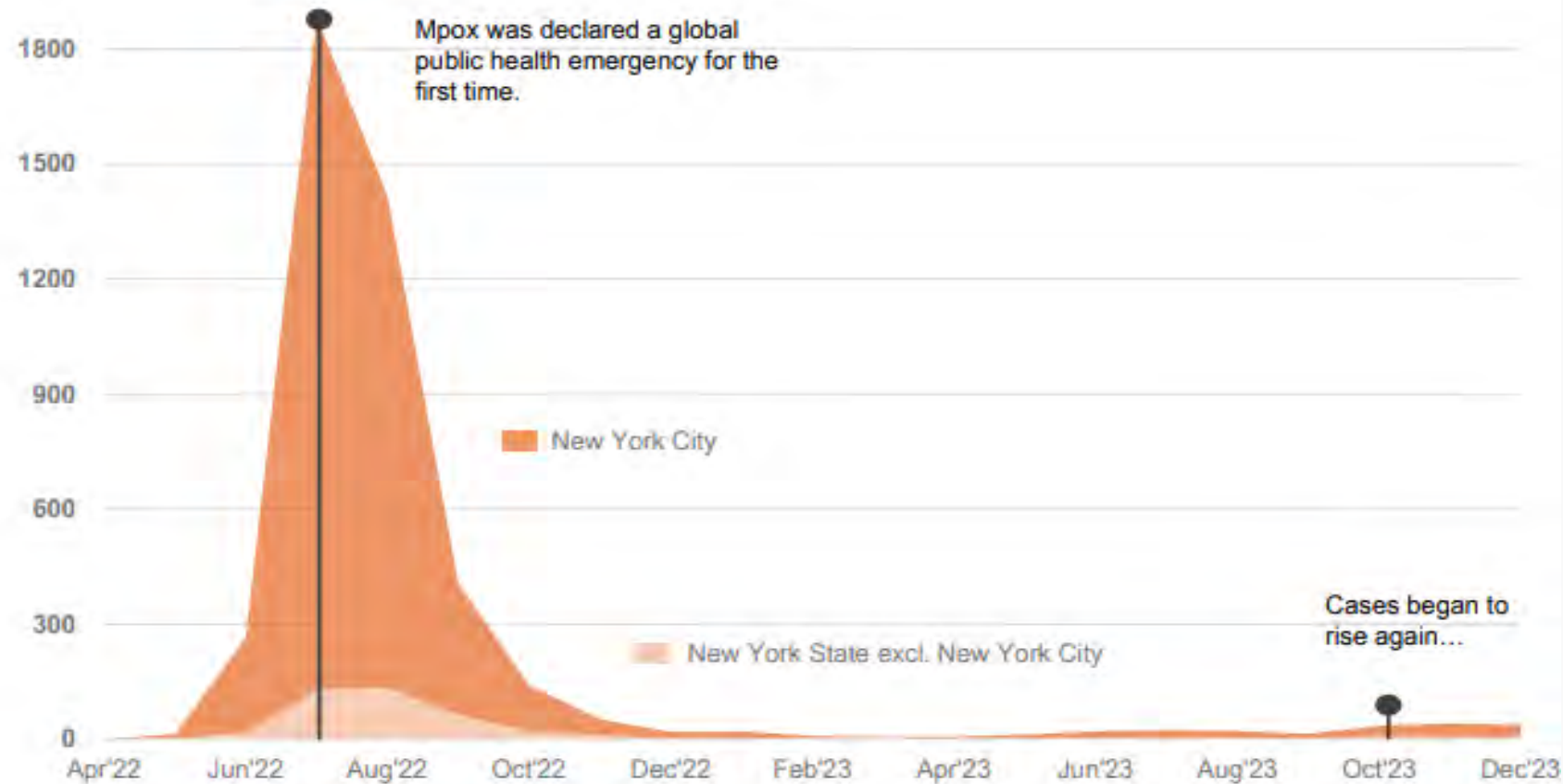
PROPORTION OF MSM WITH PRIMARY AND SECONDARY SYPHILIS, UROGENITAL GONORRHEA, OR UROGENITAL CHLAMYDIA BY HIV STATUS, STI SURVEILLANCE NETWORK (SSUN), 2023



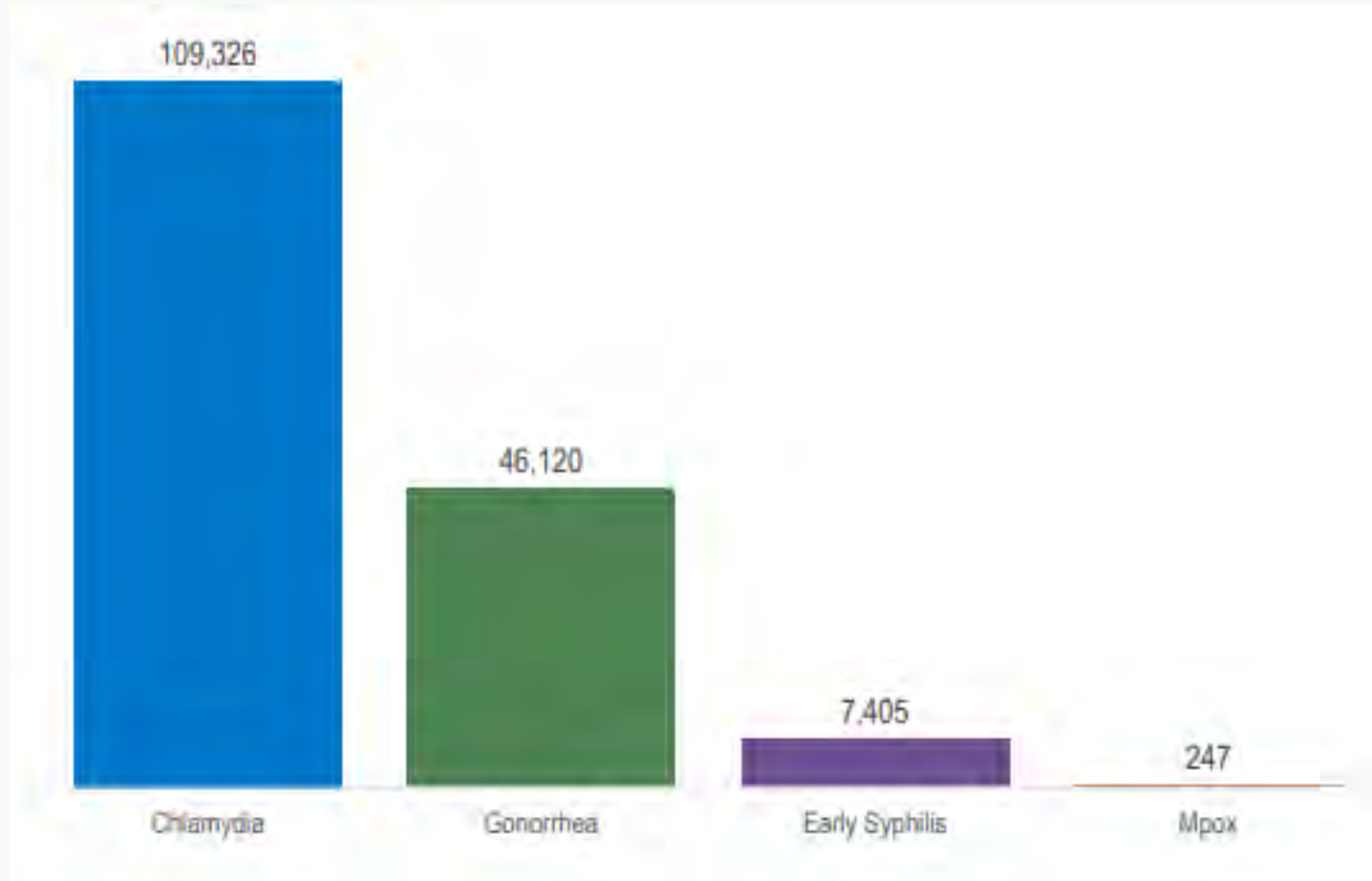
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ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men
NOTE: Results are based on data obtained from patients attending a participating STI clinic in 11 jurisdictions.

MPOX DIAGNOSES IN NEW YORK STATE PEAKED IN 2022, WITH 90% OF DIAGNOSES OCCURRING IN NEW YORK CITY BETWEEN 2022 AND 2023.



REPORTED VOLUME OF STI, NEW YORK STATE , 2023



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STI PREVENTION AND CONTROL HIGHLIGHTS



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Partner Services

PARTNER SERVICES are a broad array of services that should be offered to persons with HIV or other sexually transmitted diseases (STDs) and their sexual or needle-sharing partners. By identifying infected persons, confidentially notifying their partners of their possible exposure, and providing infected persons and their partners a range of medical, prevention, and psychosocial services, partner services can improve the health not only of individuals, but of communities as well.

“Boots on the ground” public health work, conducted by Disease Investigation Specialists (DIS)

Two Perspectives on HIV/STD Partner Notification:

1) “***Duty to Warn***” - public health ethical principle (from the clinical setting)

2) Contact Tracing – STD prevention control approach

Parallels to foodborne outbreak investigations

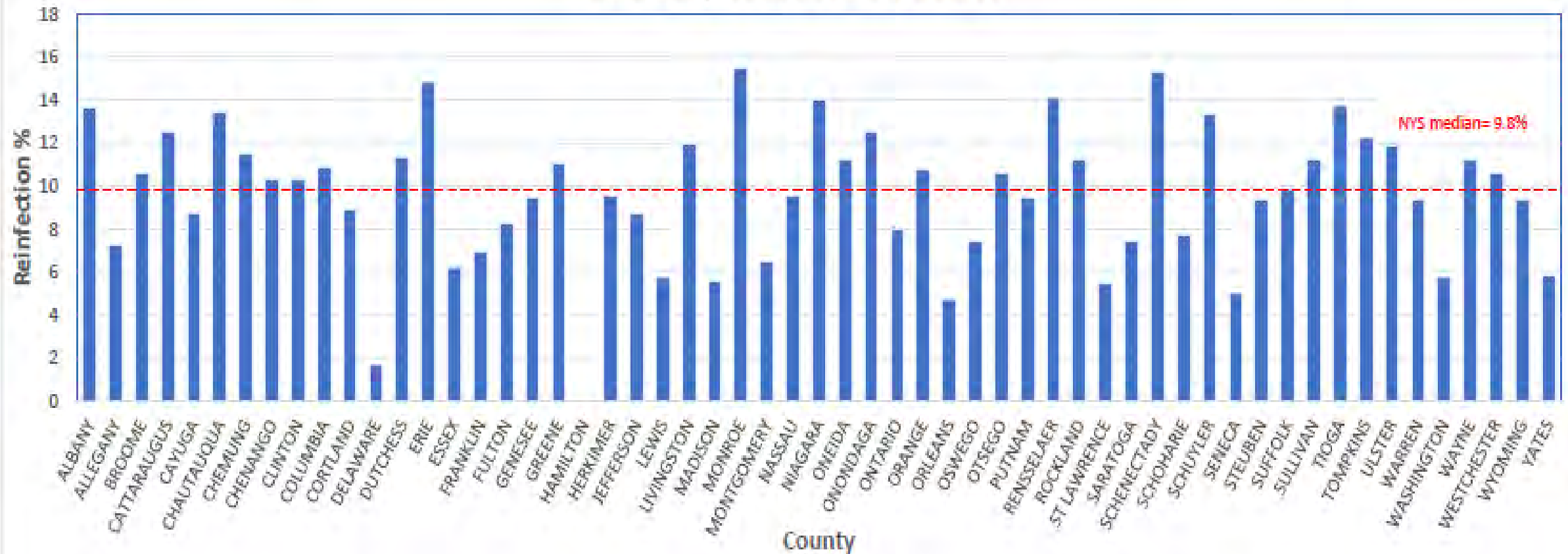
Rapid evolution of HIV/STD Prevention Landscape has impacted acceptance of Partner Services

HIV/STD Testing & Partner Services Patient PSA



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Repeat Chlamydia Infections by County in New York State (excl. NYC), January-December 2020



*Defined as two or more chlamydia positive tests occurring for the same person, with diagnoses dates greater than 30 days and less than or equal to 365 days apart.



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Expedited Partner Treatment (EPT)



[EPT Home](#) [General Information](#) [EPT Brochures](#) [Providers/Pharmacists](#) [STI Home Page](#)

What is EPT?



Expedited Partner Treatment (EPT) allows health care providers to give medication or a prescription to patients diagnosed with [chlamydia](#), [gonorrhea](#), and/or [trichomoniasis](#) to deliver to their sex partners, so they can also be treated, without requiring an examination.

What Infections is EPT for?



EPT in New York State (NYS) is for people who have:

- [chlamydia](#), [gonorrhea](#), and/or [trichomoniasis](#). People diagnosed with syphilis are not able to get EPT for their sex partners.
- sex partners of persons diagnosed with syphilis should get immediate care and recommended testing and treatment.

Why is EPT Important?



EPT is important because:

- It is an option for quick treatment of sex partners.
- treatment of sex partner(s) may help prevent reinfection in the patient.
- It helps remove barriers to care when an in-person visit is not possible for sex partners.

How does EPT work?



EPT is given to the person diagnosed with an STI as either:

- a nameless prescription that can be filled at any pharmacy; or
- medication-in-hand, where the full dose of medicine is given to the patient for them to deliver to their sex partners.

Who pays for EPT?



Health care providers may offer one of the following to deliver to partners:

- free medication-in-hand,
- a prescription paid with:
 - partner's insurance
 - cash, minus any discount coupons, or
 - [local health department](#) or [sexual health clinic](#) referrals.

EPT Partner Brochures:



Contain information for sex partners about:

- treatment
- medication allergies
- testing
- pregnancy
- sexual contact
- drug interactions, and
- more
- [click here for EPT brochures](#).

Doxycycline Post-Exposure Prophylaxis

DOXY-PEP

For the prevention of bacterial sexually transmitted infections.

Works best when taken within 24 to 72 hours after condomless sex.

[STI Information](#) [For Providers](#) [Data](#) [Additional Resources](#) [OSHE Homepage](#)

What patients need to know about Doxycycline Post-Exposure Prophylaxis (Doxy-PEP)

What is it?



Doxycycline Post-Exposure Prophylaxis or Doxy-PEP is a way to help prevent getting the sexually transmitted infections (STIs) chlamydia, gonorrhea and/or syphilis by taking the antibiotic doxycycline after condomless sex.

When to use it:



Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) should be taken preferably within 24 hours, but no later than 72 hours after condomless sex (oral, anal, and/or vaginal sex when a condom is not used for the entire time).

Talk to a health care provider:



Doxycycline Post-Exposure Prophylaxis or Doxy-PEP must be prescribed by a health care provider.

Find a Health Care Provider at: [AIDS Institute Provider Directory](#) or [Find a Health Center \(hrsa.gov\)](#)

Find a [Doxy-PEP \(Doxycycline Pre-Exposure Prophylaxis\) Provider \(cdc.gov\)](#)

How to take Doxy-PEP:



Doxy-PEP is taken as a 200 mg. dose at one time.

Do not take more than 200 mg of Doxy-PEP in a 24-hour period.

Patients should not share their Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) with others. If others could benefit from taking Doxy-PEP, they should consult a health care provider.

What are other ways to prevent STIs?



Establish a sexual health routine that includes [consistent condom use](#) and regular testing and treatment for you and your sex partner(s).

- [Get Tested for STIs](#)
- [EPT](#) to treat your sexual partners for STIs
- [HIV PrEP](#) for HIV prevention

For additional [prevention information and resources](#).

Other Information:



Doxycycline Post-Exposure Prophylaxis or Doxy-PEP can help prevent the bacterial infections chlamydia, gonorrhea and syphilis.

- It does not help prevent pregnancy.
- It does not help prevent HIV, mpox, or other viral infections.
- Regular HIV and STI testing is important to identify and treat any infections.

Doxy PEP for Bacterial STI Prevention

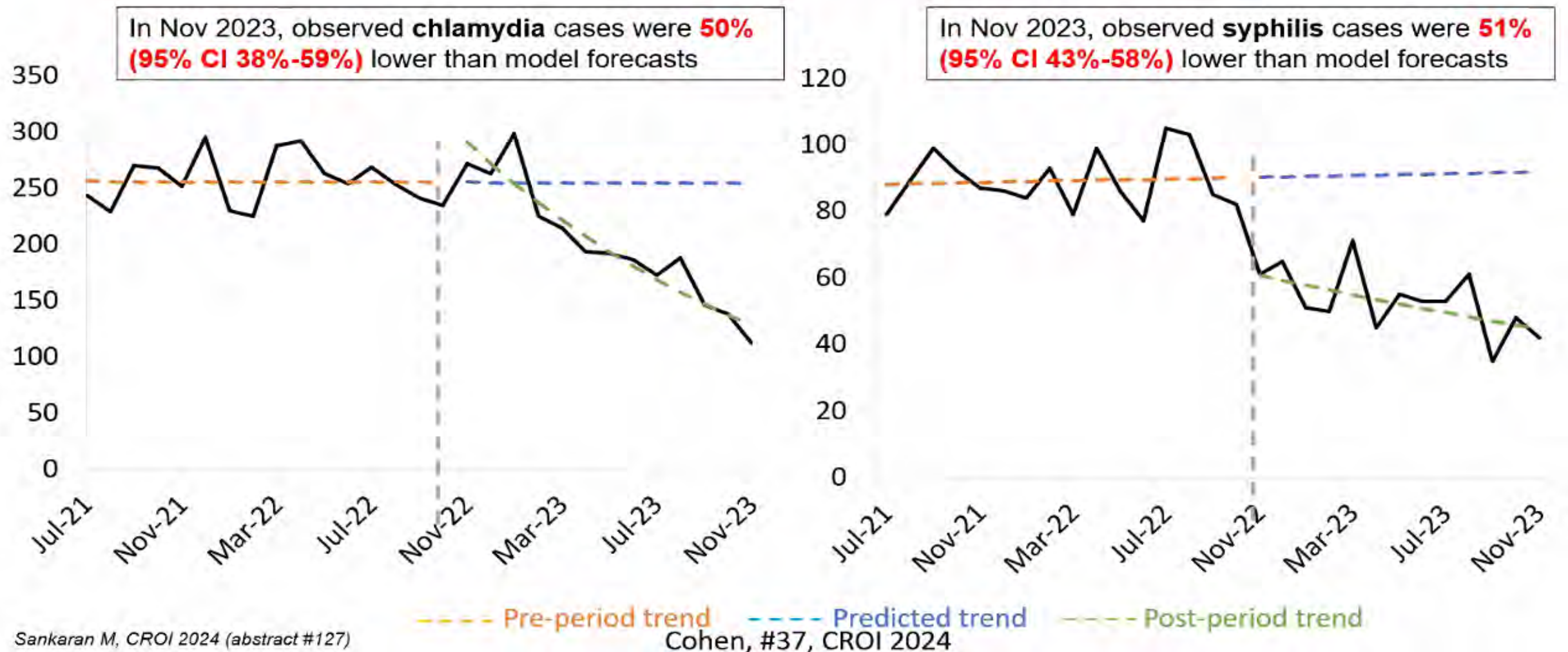
KEY POINTS

- Healthcare providers can use CDC guidelines to prescribe doxycycline post-exposure prophylaxis (doxy PEP) to prevent bacterial STIs
- Discuss the pros and cons of doxy PEP with gay, bisexual, and other men who have sex with men and transgender women who had a bacterial STI in the last year
- If offering doxy PEP, write a prescription for patients to self-administer 200 mg of doxycycline as soon as possible within 72 hours after sex
- Offer doxy PEP in the context of comprehensive sexual health approach



<https://www.cdc.gov/sti/hcp/doxy-pep/index.html>

Decline in **citywide** chlamydia and early syphilis cases in MSM and TGW in SF after release of doxy-PEP guidelines





Sexual Health

Healthy sex is a state of physical, emotional, mental, and social well-being in relation to sexuality.

The American Sexual Health Association (ASHA) defines sexual health as, "the ability to embrace and enjoy our sexuality throughout our lives."

Being sexually healthy means:

- Knowing that sexuality is a full and natural part of life and involves more than sexual behavior.
- Being able to have sexual pleasure, satisfaction, and intimacy when desired.
- Being able to talk about sexual health with others including sexual partners and health care providers.
- Being able to recognize and respect the sexual rights we all share

<https://campaigns.health.ny.gov/SexualHealth>

RESOURCES

New York State STI Dashboard: <https://www.stidashboardny.org/>

New York State Doxy-PEP:

https://www.health.ny.gov/diseases/communicable/std/doxy_pep/

New York State Expedited Partner Treatment:

<https://www.health.ny.gov/diseases/communicable/std/ept/>

Syphilis during pregnancy and Congenital syphilis:

https://www.health.ny.gov/diseases/communicable/congenital_syphilis/

New York State Mpox:

<https://www.health.ny.gov/diseases/communicable/zoonoses/mpox/>

Thank you

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<https://www.health.ny.gov/diseases/communicable/std>



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Definition of STIs



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STI or STD?

A sexually transmitted infection (STI) is a virus, bacteria, fungus, or parasite people can get through sexual contact. A sexually transmitted disease (STD) develops because of an STI and the term implies that the infection has led to some symptom of disease. People sometimes use the terms in one another's place. The primary goal of public health and healthcare is to prevent and treat infections before they develop into disease. As a result, many – including CDC – are using the term STI more often. However, STD is still used when referring to data or information from sources that use the term.

BIOLOGIC CATEGORIES

- **Bacterial**

- Gonorrhea*
- Chlamydia*
- Syphilis*
- Mycoplasma
- Ureaplasma
- Chancroid*
- Granuloma inguinale

- **Protozoan**

- Trichomonas

- **Viral**

- Herpes simplex
- Human papillomavirus
- Cytomegalovirus
- Molluscum contagiosum
- HIV*
- Hepatitis A, B, and C*
- MPOX*

- **Ectoparasites**

- Pubic lice
- Scabies

* Reportable STIs

“SORES VS. “DRIPS”

- “Sores” (ulcers)

- Syphilis
- Genital herpes (HSV-2, HSV-1)
- Others uncommon in the U.S.
 - Lymphogranuloma venereum
 - Chancroid
 - Granuloma inguinale

- “Drips” (discharges)

- Gonorrhea
- Chlamydia
- Nongonococcal urethritis / mucopurulent cervicitis
- Trichomonas vaginitis / urethritis
- Candidiasis (not an STD)
- Bacterial vaginosis (sexually associated)

Other major concerns
Genital HPV (especially type 16, 18)
and Cervical/Anal/Oral Cancer



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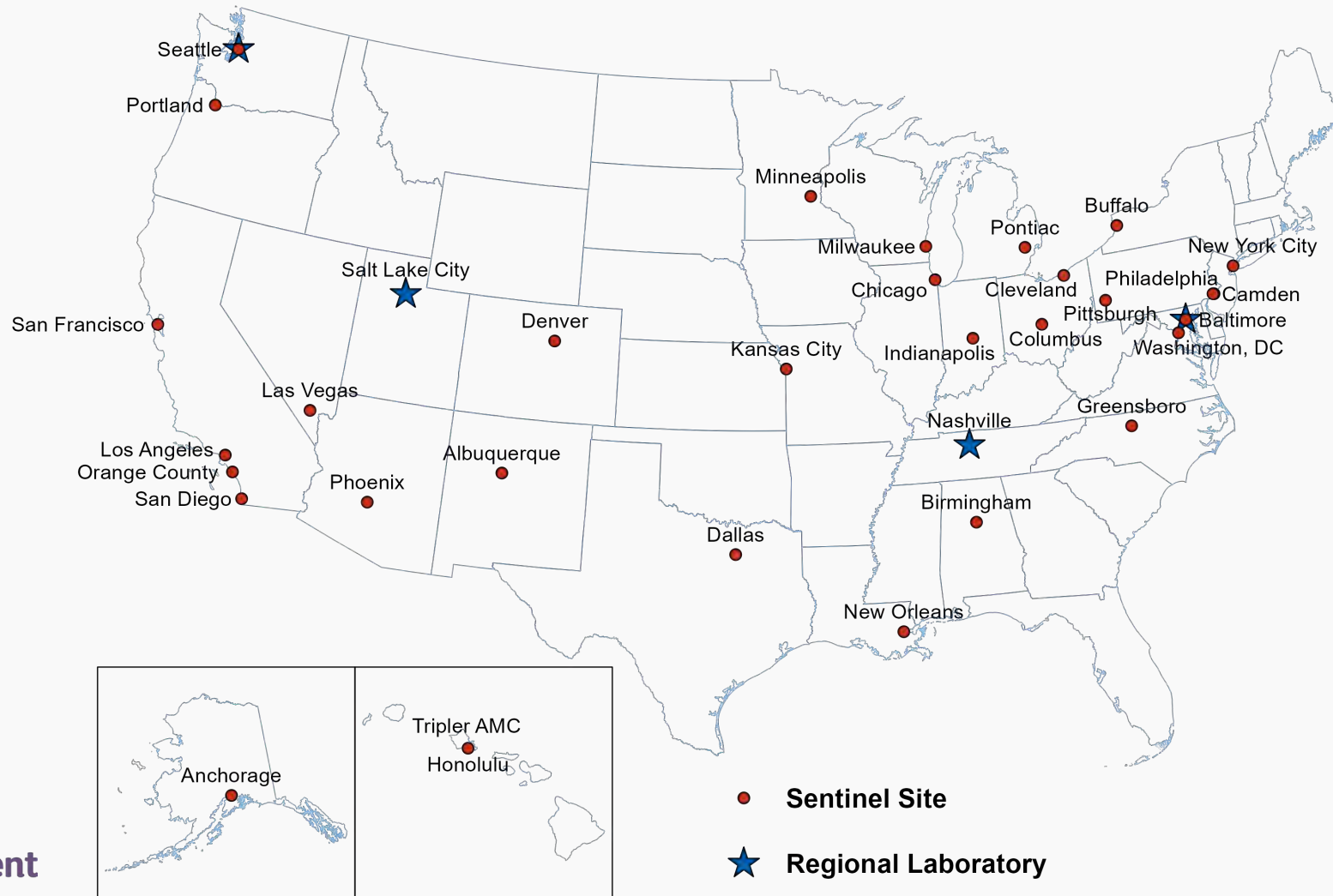
REPORTABLE BACTERIAL STI CLINICAL SUMMARY*

	Chlamydia	Gonorrhea	Syphilis
Bacteria	<i>Chlamydia trachomatis</i>	<i>Neisseria gonorrhoeae</i>	<i>Treponema pallidum</i>
Symptoms	Cervicitis and urethritis, but only 5-30% of women and 10% of men have symptoms	Mostly asymptomatic, but dysuria among men and women, and vaginal discharge or bleeding among women	Symptoms occur in primary and secondary stages; latent stages no signs or symptoms; neuro, otic and ocular syphilis can occur at any stage; “The Great Pretender”
Treatable with antibiotics	Yes	Yes (resistant strains are a concern)	Yes, but regimen depends on stage and/or clinical manifestation (and any damage cannot be undone)
Sexual transmission	Vaginal, anal, or oral sex	Vaginal, anal, or oral sex	Vaginal, anal, or oral sex
Vertical transmission	Yes- can cause preterm birth, pneumonia or conjunctivitis	Yes-can cause blindness, joint infection, or a life-threatening blood infection	Yes- can cause serious health problems including stillbirth
When left untreated	Pelvic inflammatory disease (PID) among women, epididymitis among men, proctitis	PID among women, epididymitis and sometimes sterility among men	Can infect multiple organ systems, and can lead to death

NON-REPORTABLE STI CLINICAL SUMMARY*

	Herpes simplex virus (HSV)	Human papilloma virus (HPV)	Trichomoniasis
Symptoms	Mostly asymptomatic, or presents with mild symptoms; symptoms include lesions or small blisters around genitals, rectum, or mouth	Usually asymptomatic; warts can develop years after infection	Mostly asymptomatic; symptoms include dysuria, genital discharge
Curable /vaccine preventable	Not curable, but medications exist to shorten outbreaks; no vaccine	Usually goes away on its own; vaccine available for certain strains	Treatable
Sexual transmission	Vaginal, anal, or oral sex	Vaginal, anal, or oral sex	Vaginal (does not commonly infect mouth or anus)
STI during pregnancy**	Can cause fatal neonatal herpes	Warts can complicate vaginal delivery; infection linked to laryngeal papillomatosis in the newborn (non-cancerous growth)	Rarely passed to newborn during delivery, but infection in mother linked with preterm birth, and low birth weight
Complications	Painful ulcers, extragenital lesions	Genital warts, cancer (of cervix, vagina, and vulva in women, penis in men, and anus or throat in men and women)	Can increase risk of getting or spreading other STIs

GONOCOCCAL ISOLATE SURVEILLANCE PROJECT (GISP), 2022



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EXPEDITED PARTNER TREATMENT (EPT)

A strategy for treating the sex partners of patients diagnosed with a sexually transmitted infection

Clinician provides medication or prescription to patient, who brings it to his/her partner(s)

- Medication EPT (patient-delivered partner treatment)
- Prescription EPT

Partner treatment given without the health care provider first examining the sex partner