



**Department  
of Health**

# **Sexually Transmitted Infections Trends & Sexual Health Programming in New York State**

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**Director, Surveillance and Special Projects  
Office of Sexual Health and Epidemiology, New  
York State Department of Health**

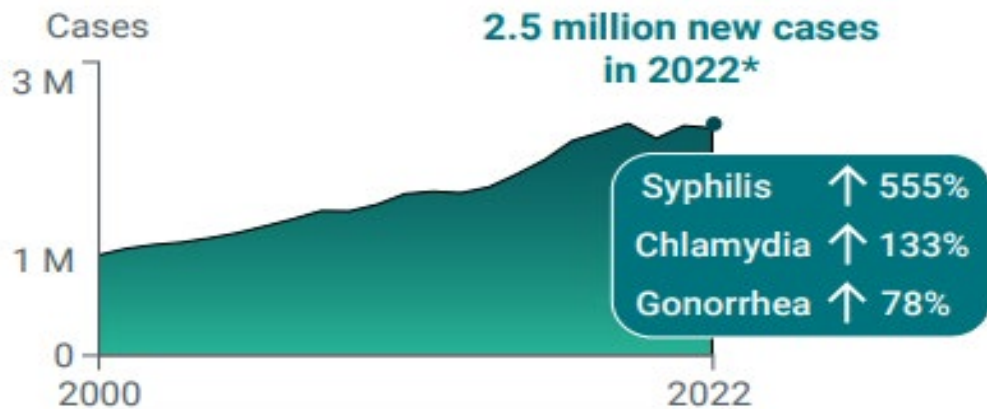
# SESSION LEARNING OBJECTIVES

1. Discuss epidemiologic trends (U.S. and New York) regarding:
  - a) gonorrhea and chlamydia diagnoses
  - b) syphilis and congenital syphilis diagnoses
  - c) mpox diagnoses
2. Share sexual health promotion activities, programming, and planning committees working towards addressing the rising rates of sexually transmitted infections.

# National trends show sustained acceleration in the three notifiable sexually transmitted infections

## STI Overview

Chlamydia, gonorrhea, and syphilis cases have been increasing for years.



People most affected by STIs include:

- Adolescents and people aged 15-24 years
- Gay, bisexual, and other men who have sex with men
- Pregnant people
- People from some racial and ethnic minority groups

## STIs & Substance Use

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

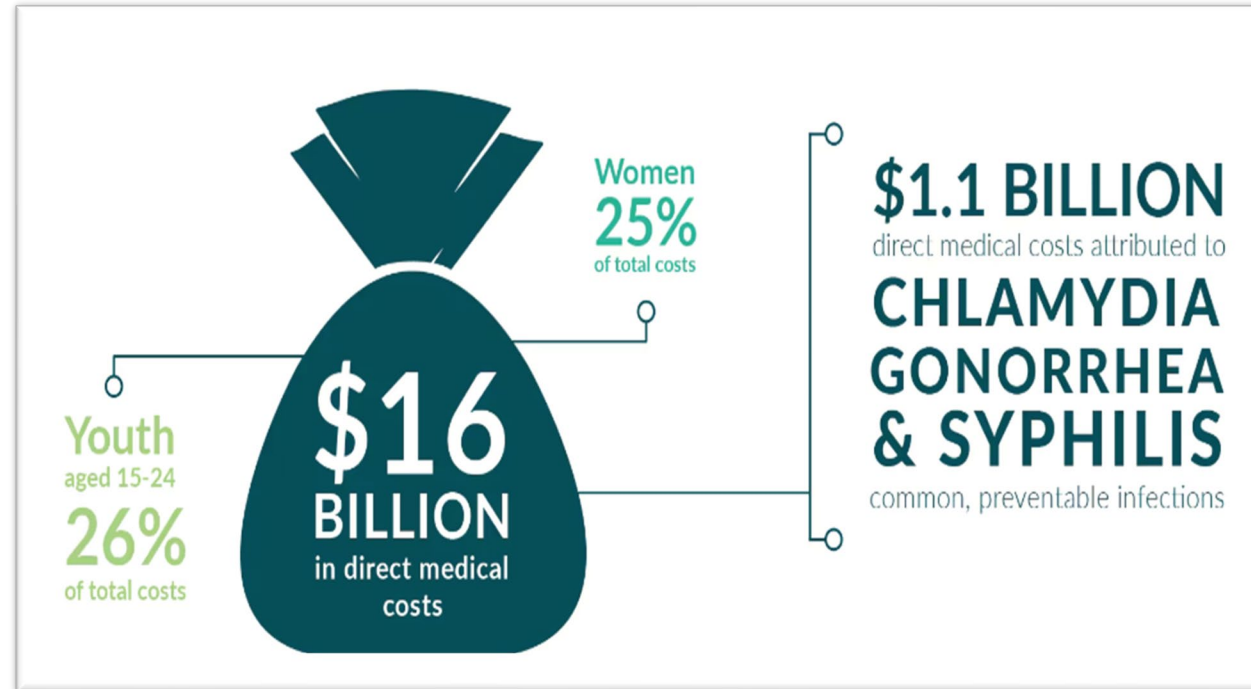


**3x**  
More Likely

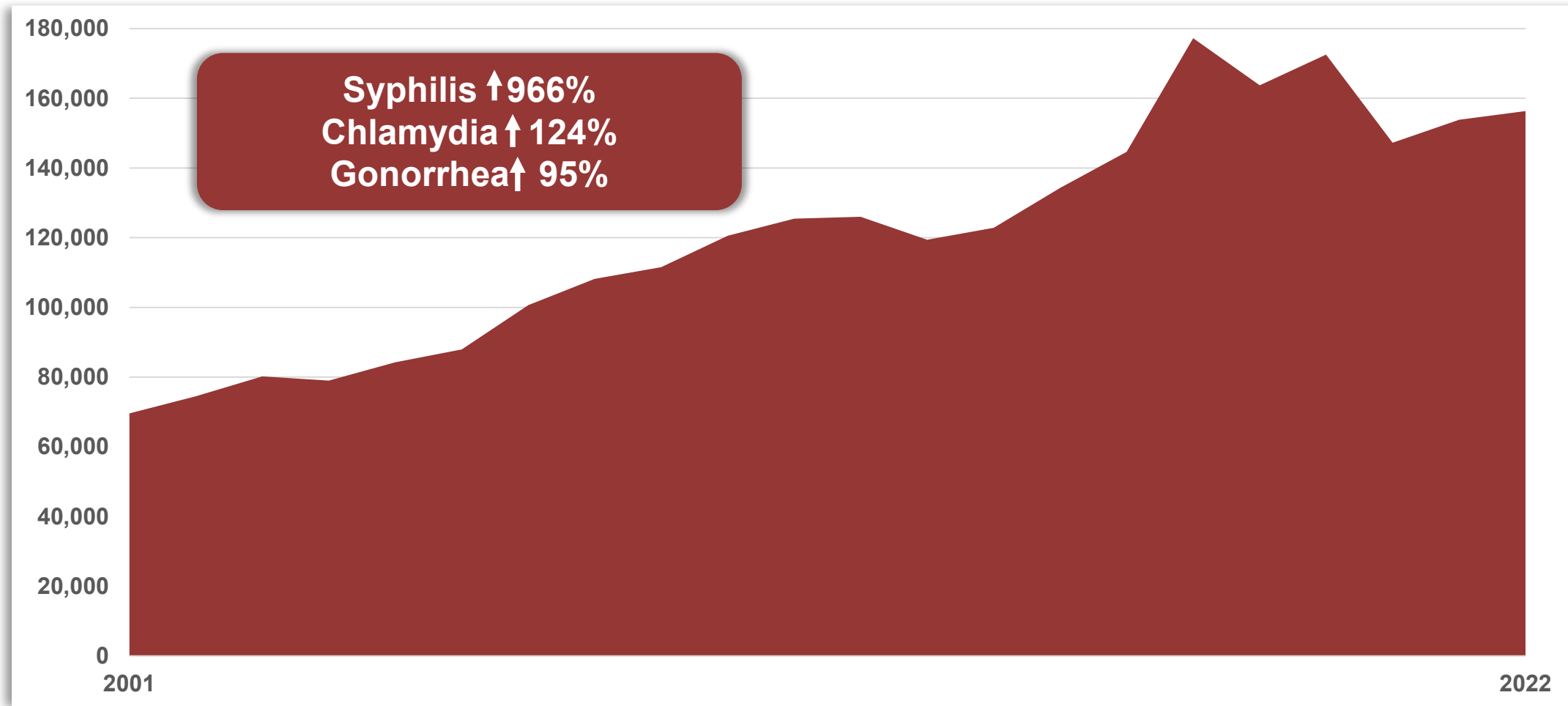
Young adults who used an illicit drug\* in the past year were **3 times** more likely to get an STI.



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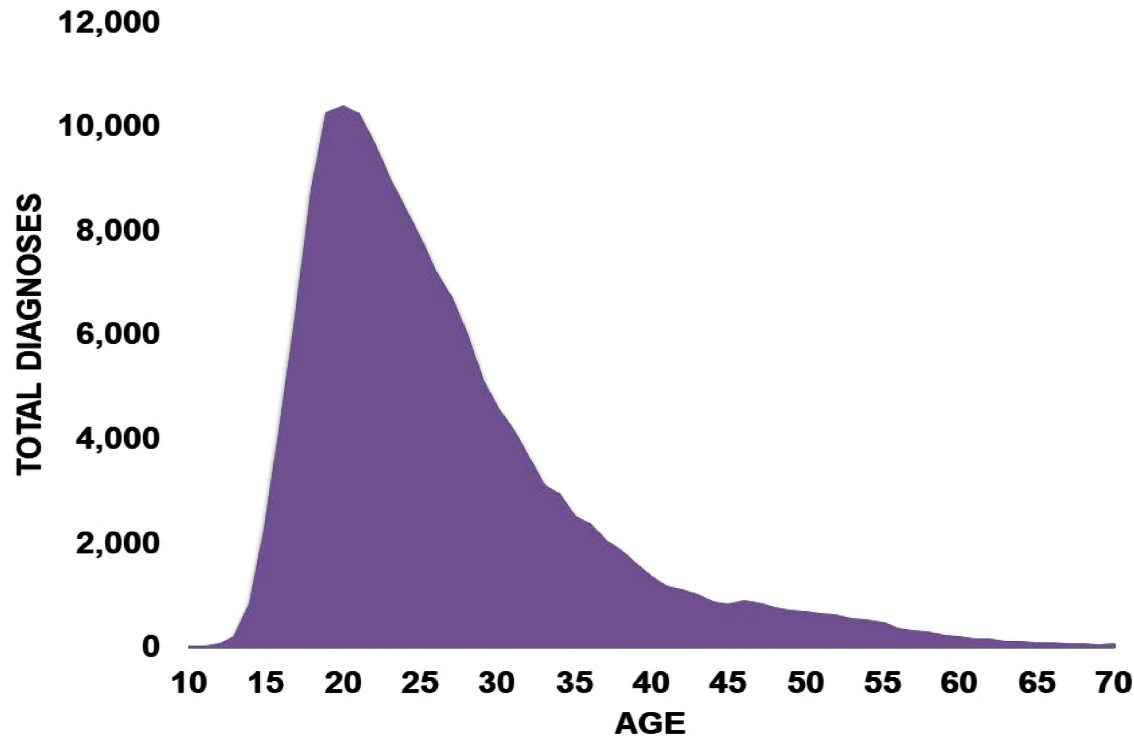
# New York State increasing STI trend mirrors that of the nation as whole\*



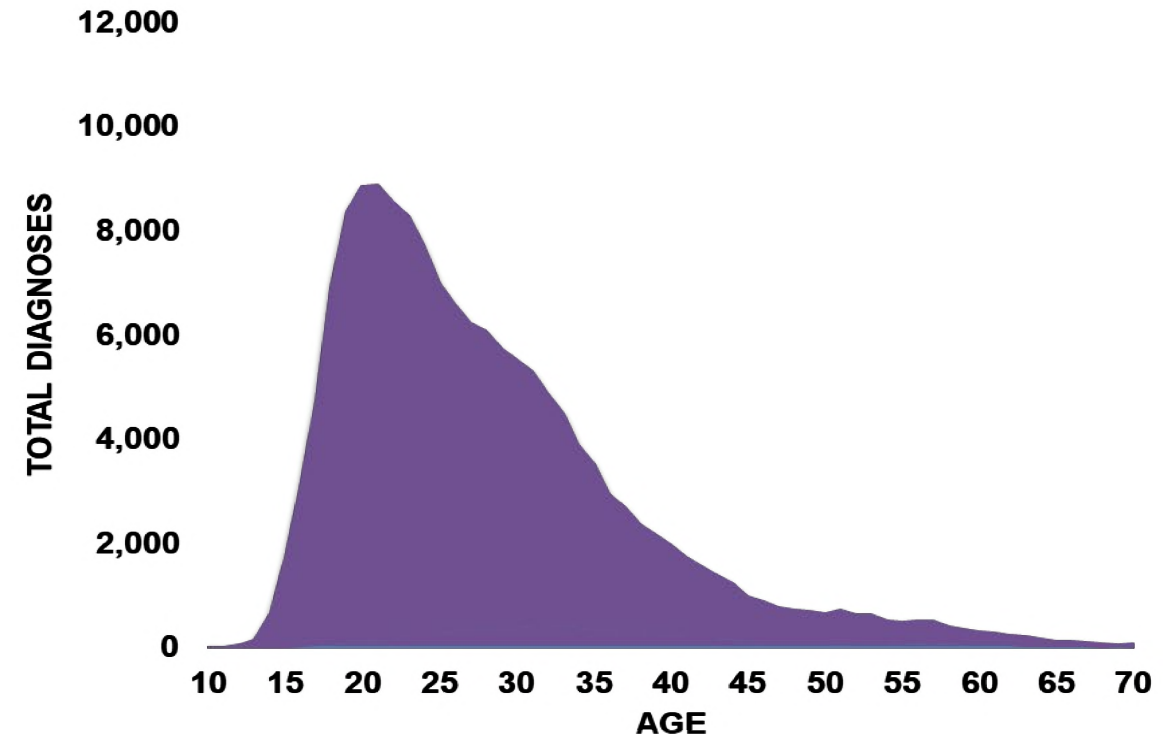
\*COVID-19 impacted care seeking and testing behaviors, especially related to chlamydia

## While sexually transmitted infections\* among younger persons in New York State remains an area of concern, the epidemic has been shifting

In 2017, 55% of infections were diagnosed among people younger than 26 years old



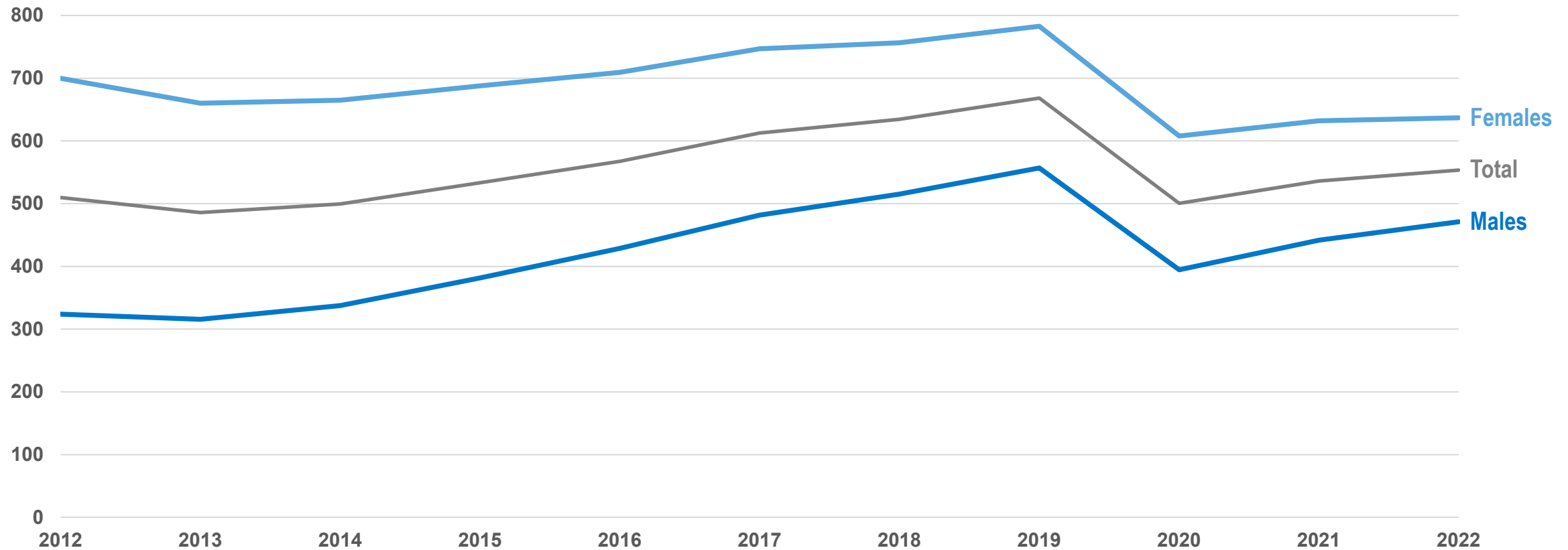
By 2022, this shifted to 47% of diagnoses were among those under 26 years of age



\*includes chlamydia, gonorrhea, and early syphilis reported in New York State

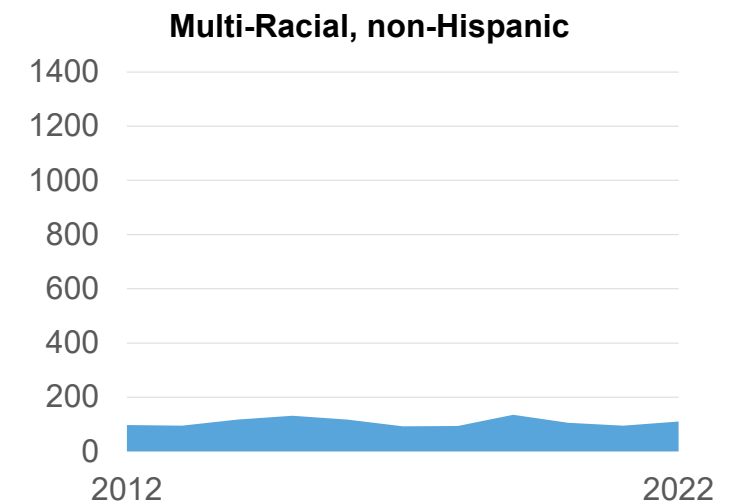
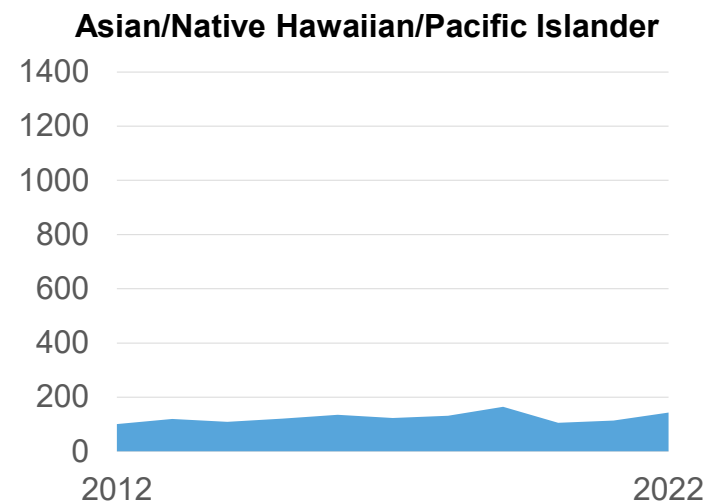
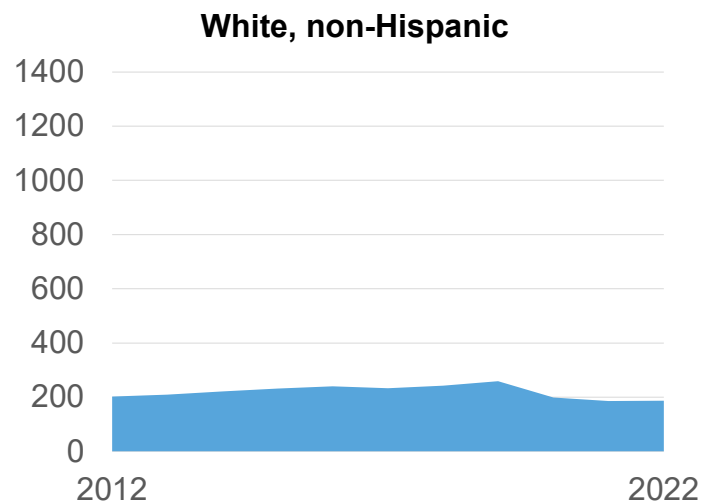
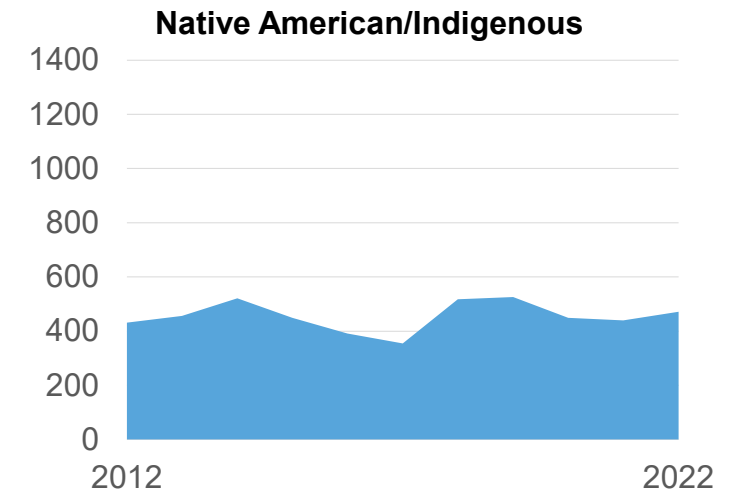
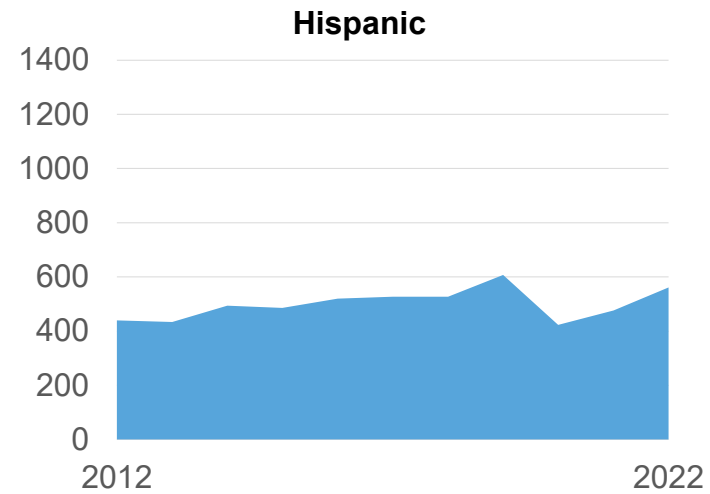
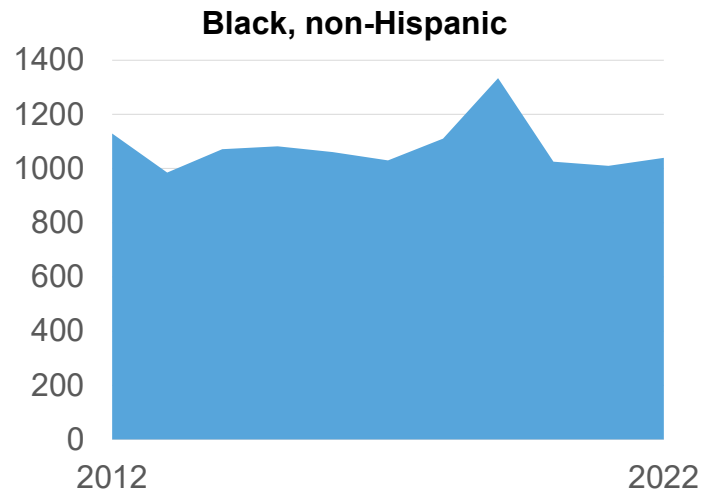
# While chlamydia rates remain greater among females, differences by sex at birth have slowly decreased over time.

Chlamydia age-adjusted rates per 100,000 population in New York State, 2012–2022



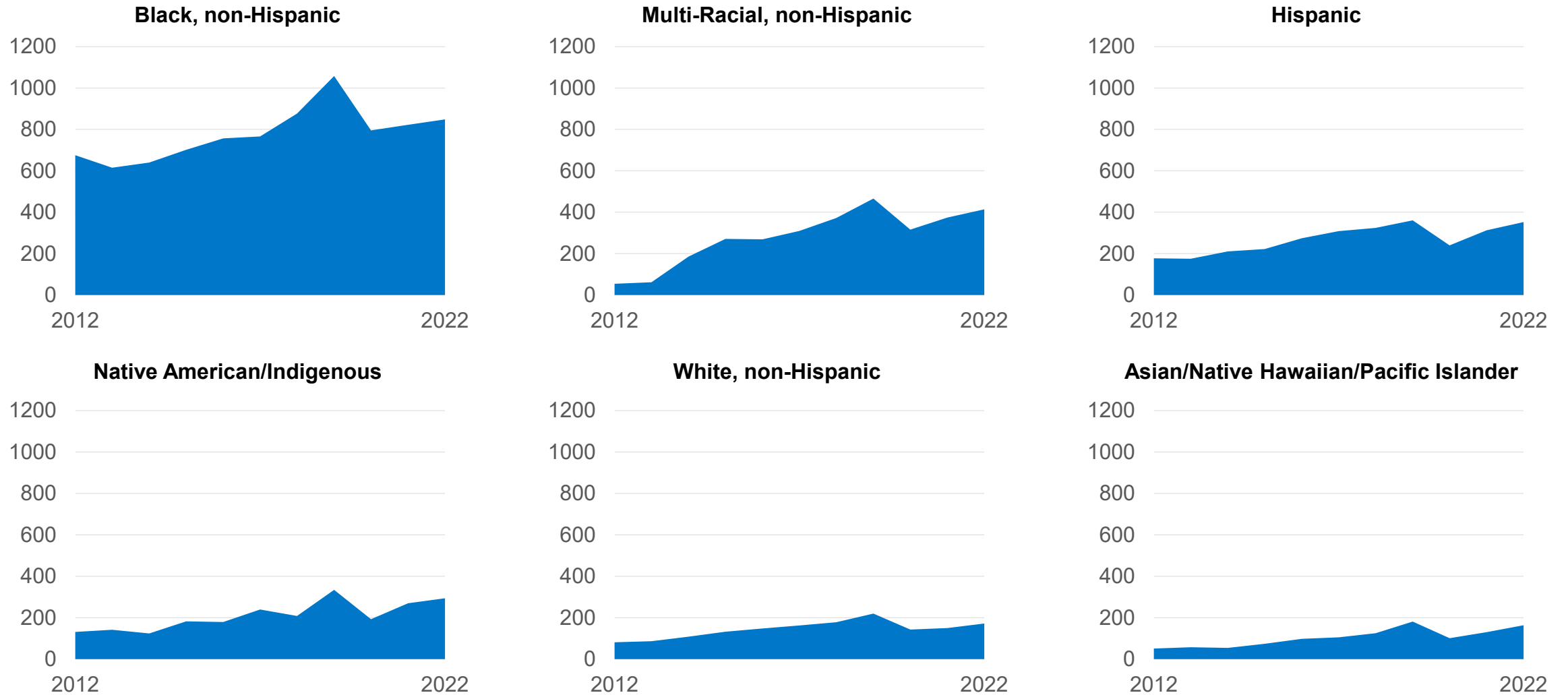
# Chlamydia rates among females by race/ethnicity

Chlamydia age-adjusted rates per 100,000 in New York State, 2012–2022



# Chlamydia rates among males by race/ethnicity

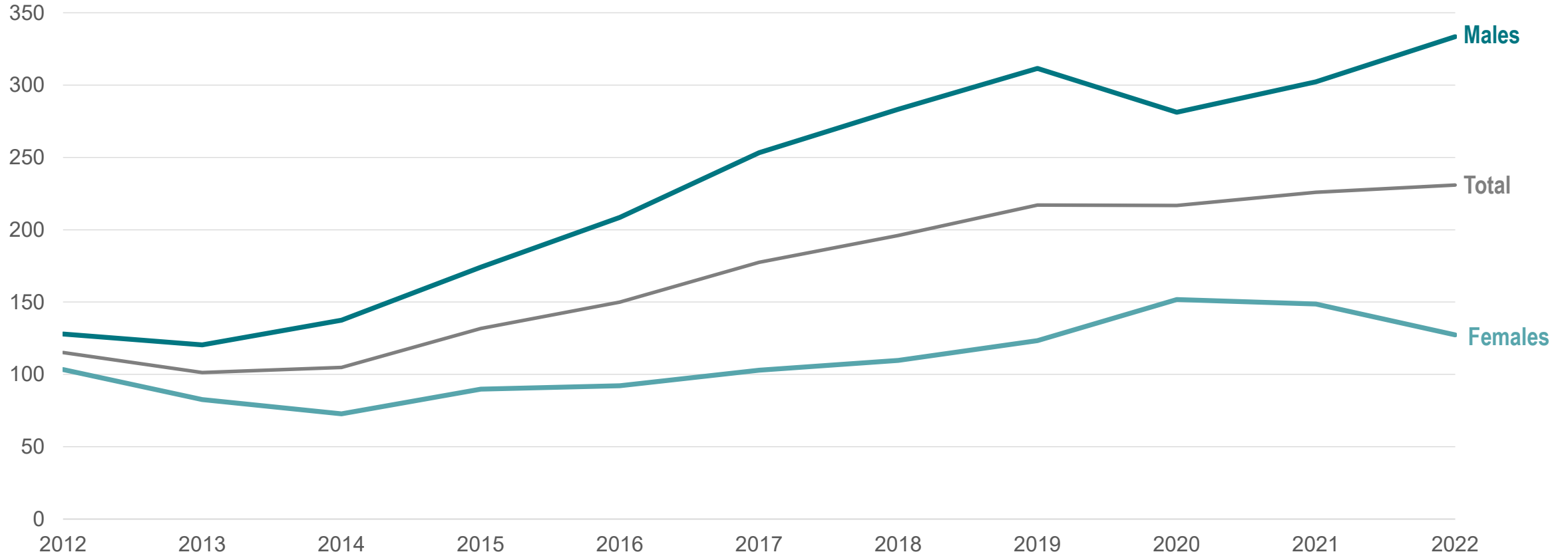
Chlamydia age-adjusted rates per 100,000 in New York State, 2012–2022





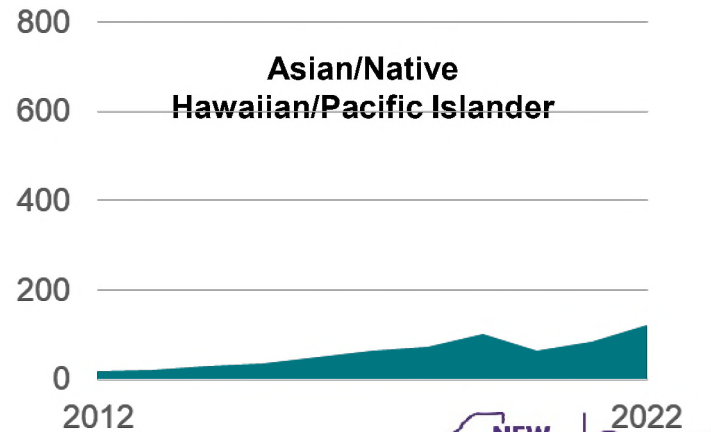
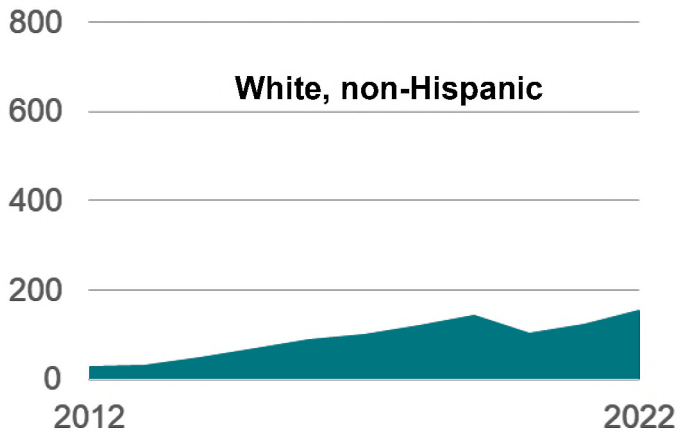
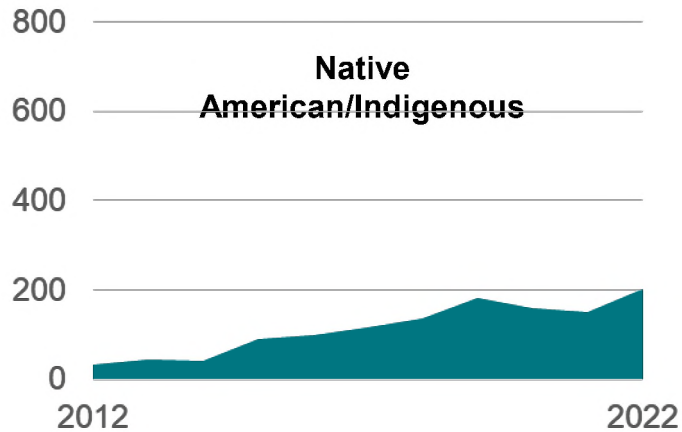
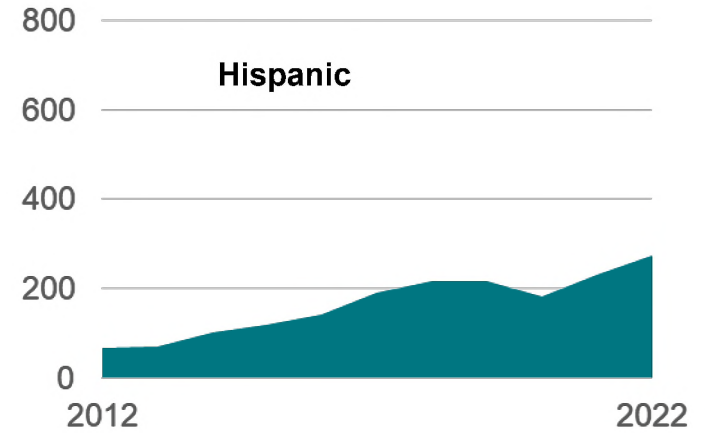
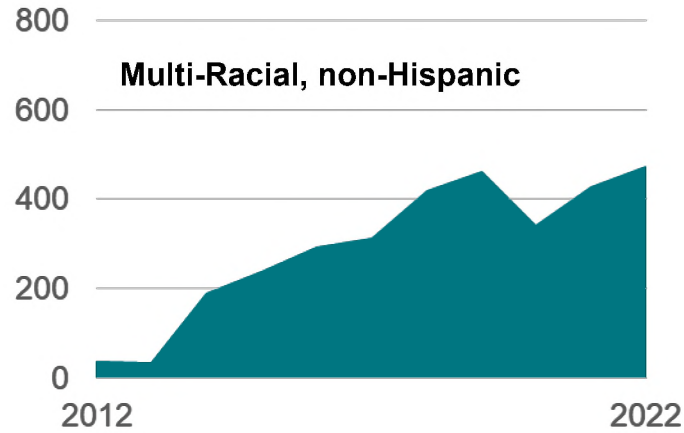
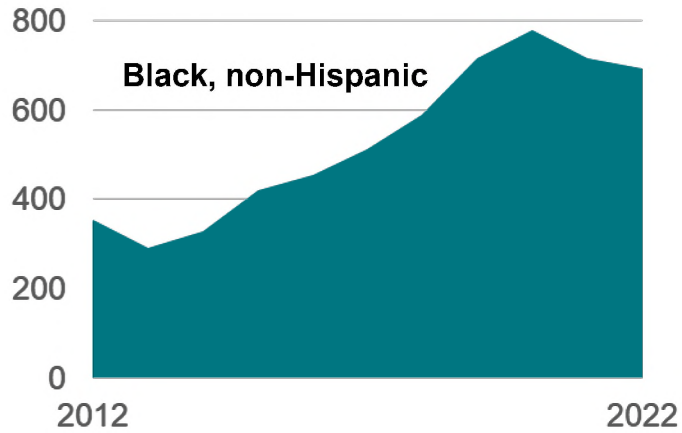
# Gonorrhea rates reached a ten-year high in 2022, driven by three consecutive years of increases among males.

Gonorrhea age-adjusted rates per 100,000 in New York State, 2012–2022



# Gonorrhea rates among males by race/ethnicity

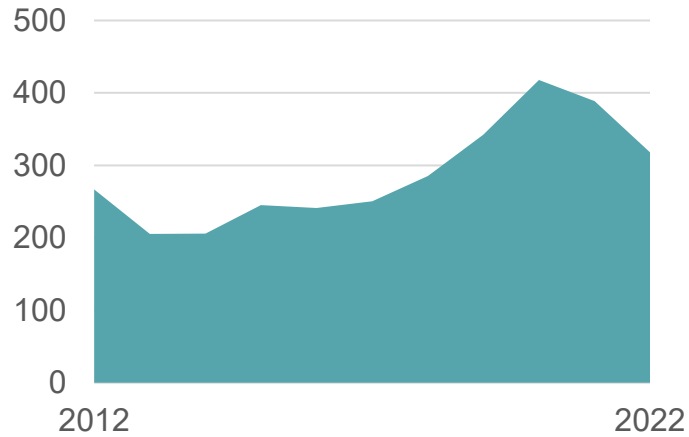
Gonorrhea age-adjusted rates per 100,000 in New York State, 2012–2022



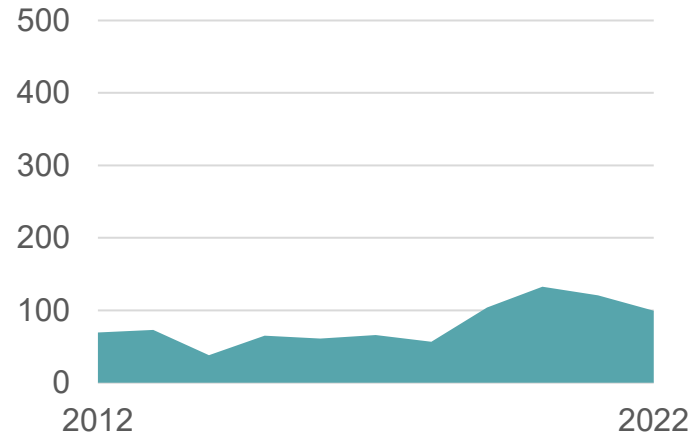
# Gonorrhea rates among females by race/ethnicity

Gonorrhea age-adjusted rates per 100,000 in New York State, 2012–2022

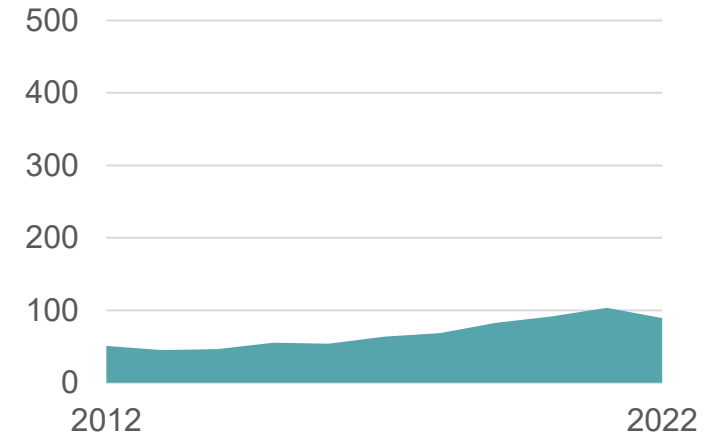
**Black, non-Hispanic**



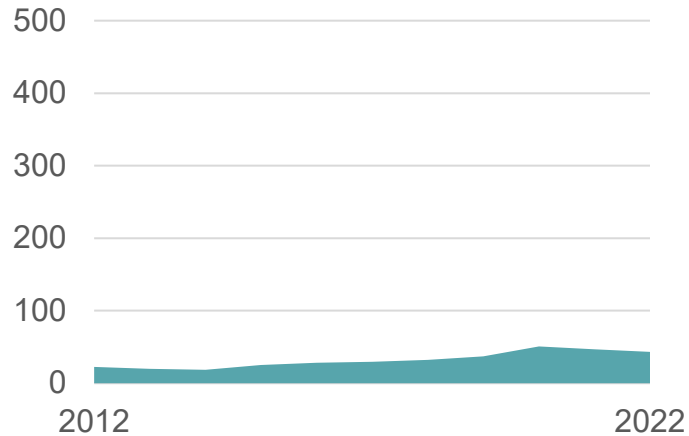
**Native American/Indigenous**



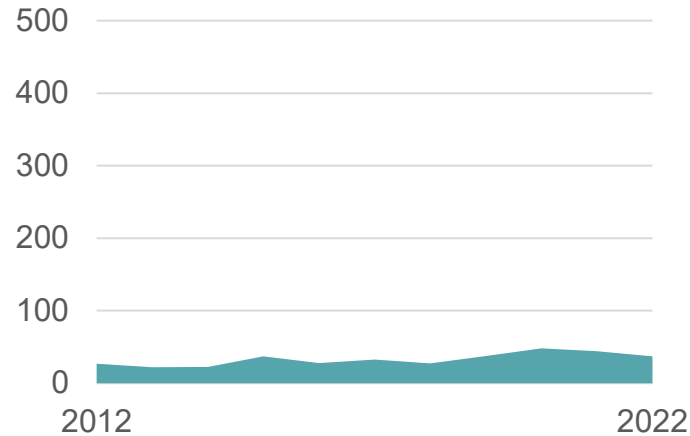
**Hispanic**



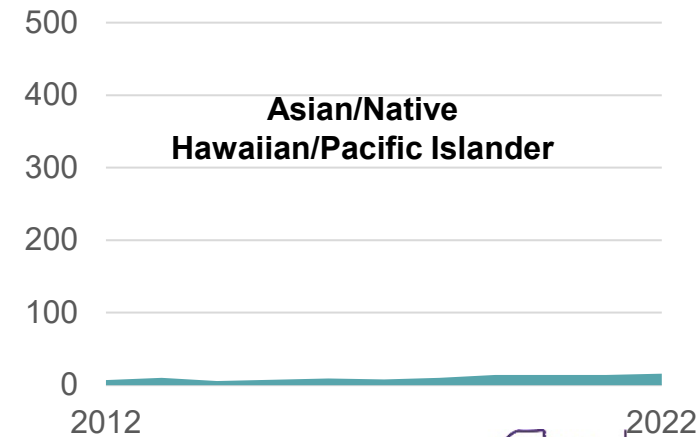
**White, non-Hispanic**



**Multi-Racial, non-Hispanic**



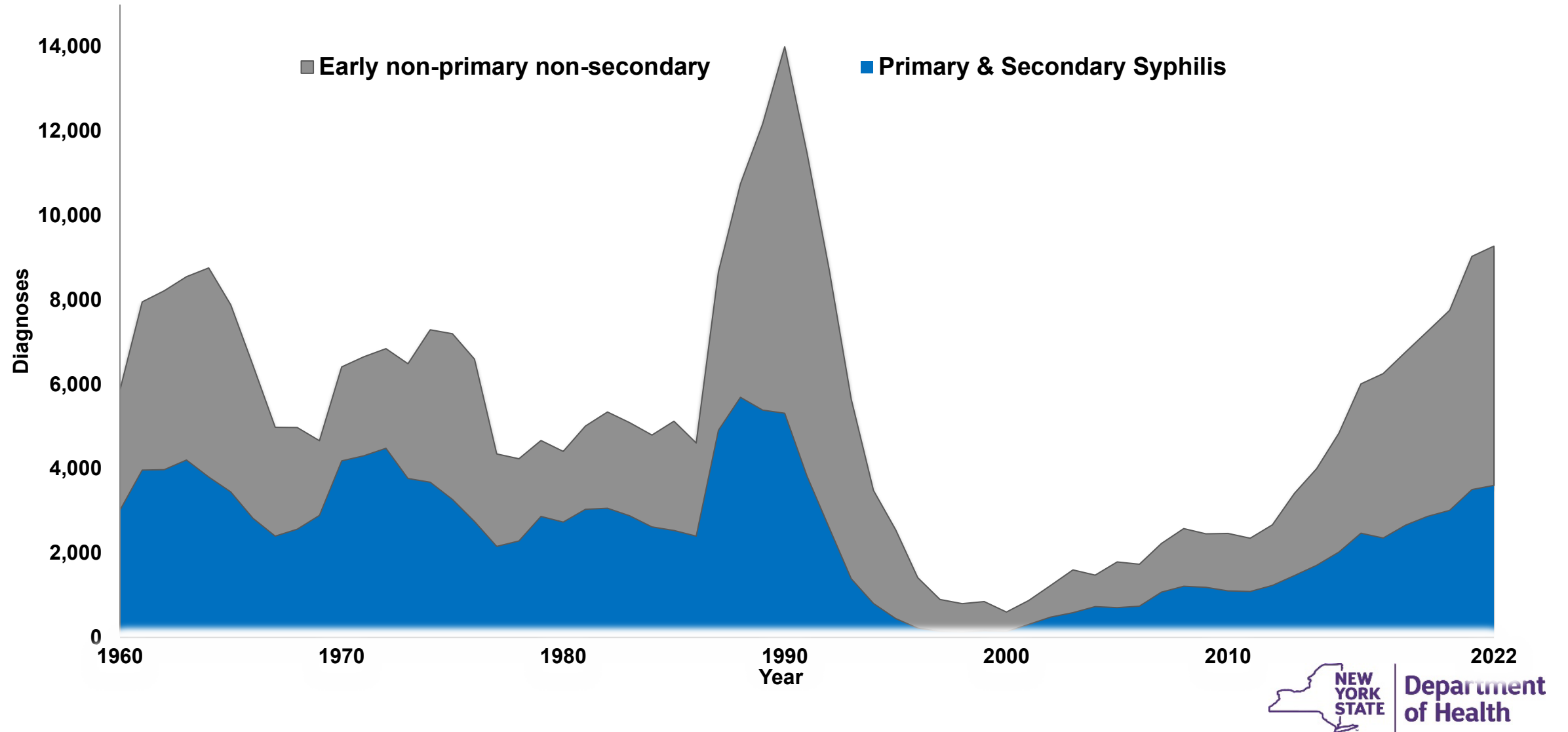
**Asian/Native  
Hawaiian/Pacific Islander**



We want to hear from you!

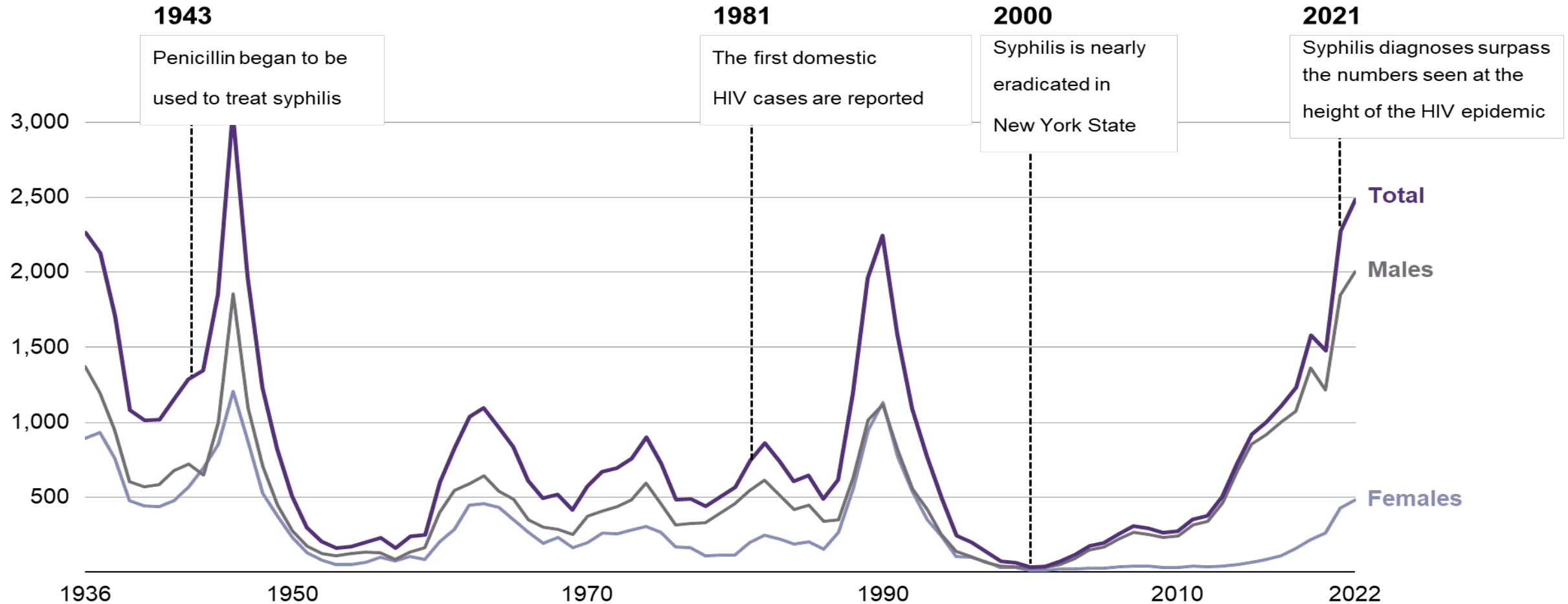
**What has been your clinic's  
experience with providing EPT?**

# Early Syphilis by Year, New York State, 1960 - 2022



# Syphilis is surging for the third time in a century.

Early syphilis diagnoses by sex in New York State (excluding New York City), 1936–2022



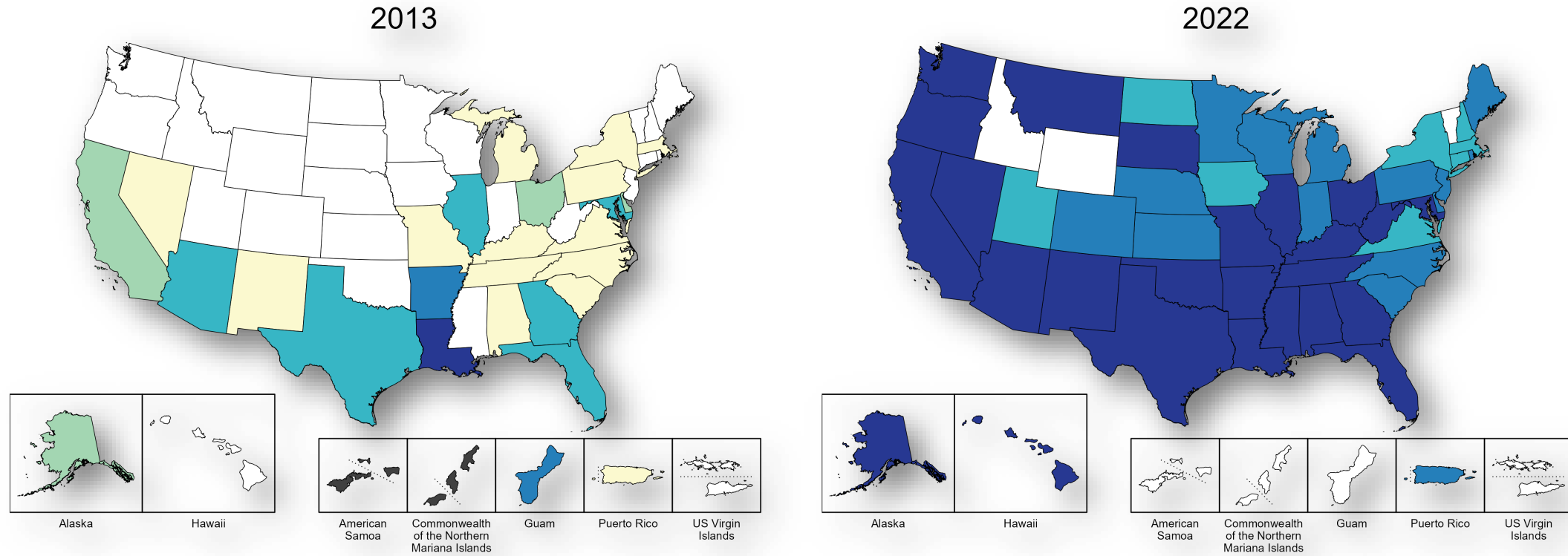
# Primary & Secondary syphilis diagnoses among females aged 15-44 have been increasing over time, with implications for syphilis in newborns.

Although, rise in syphilis was increasing in men who have sex with men, the new modern syphilis epidemic among females suggests heterosexual transmission on the rise.



These data include all New York State, including New York City.

# Congenital Syphilis — Rates of Reported Cases by Year of Birth and Jurisdiction, United States and Territories



Rate\* □ No cases reported □ 1–8 □ 9–14 □ 15–24 □ 25–53 □ 54–355 □ Unavailable

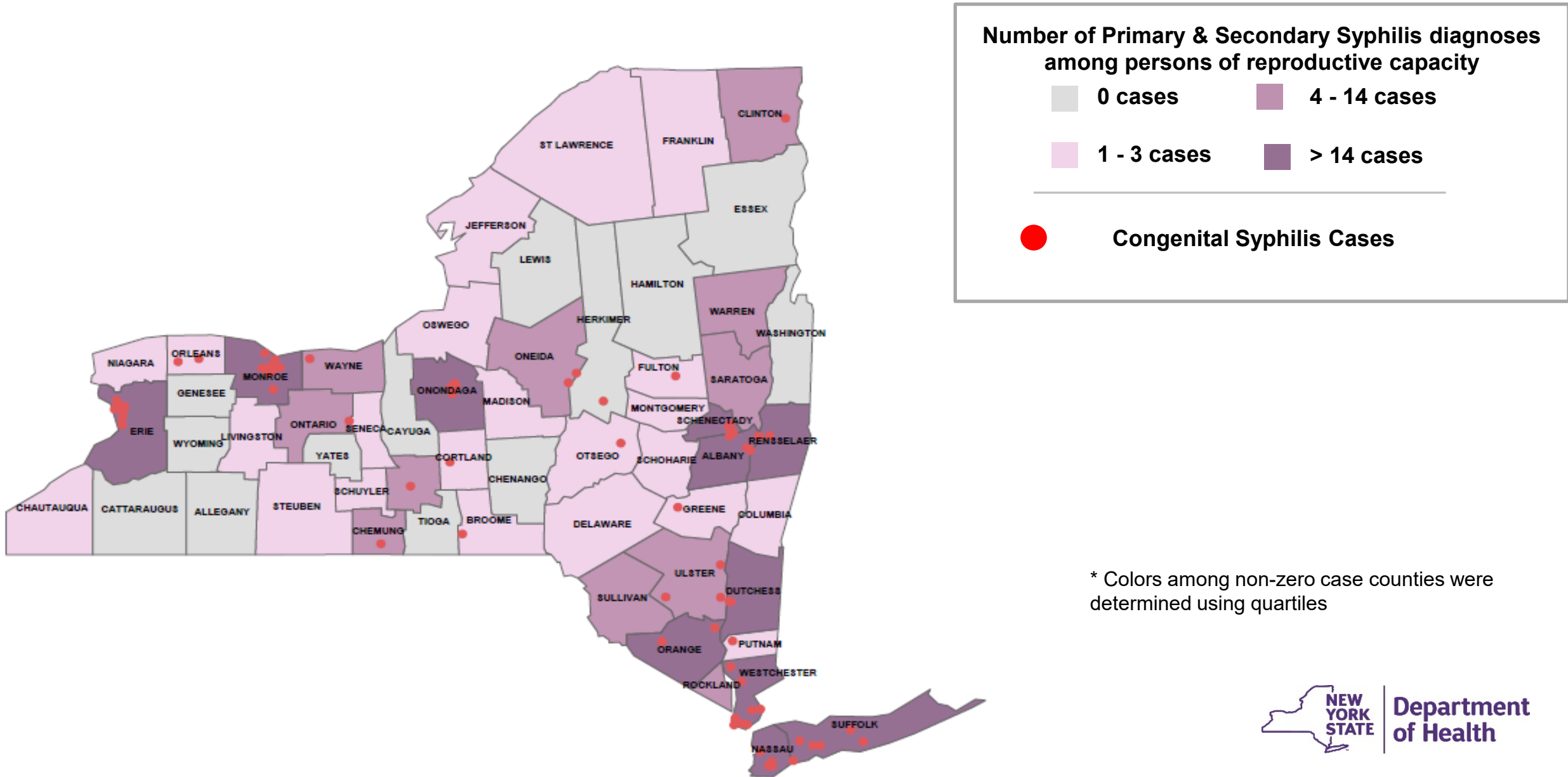


Adapted from: <https://www.cdc.gov/std/statistics/2022/figures.htm>





# More congenital syphilis cases occur in counties with greater primary & secondary syphilis diagnoses among persons of reproductive capacity

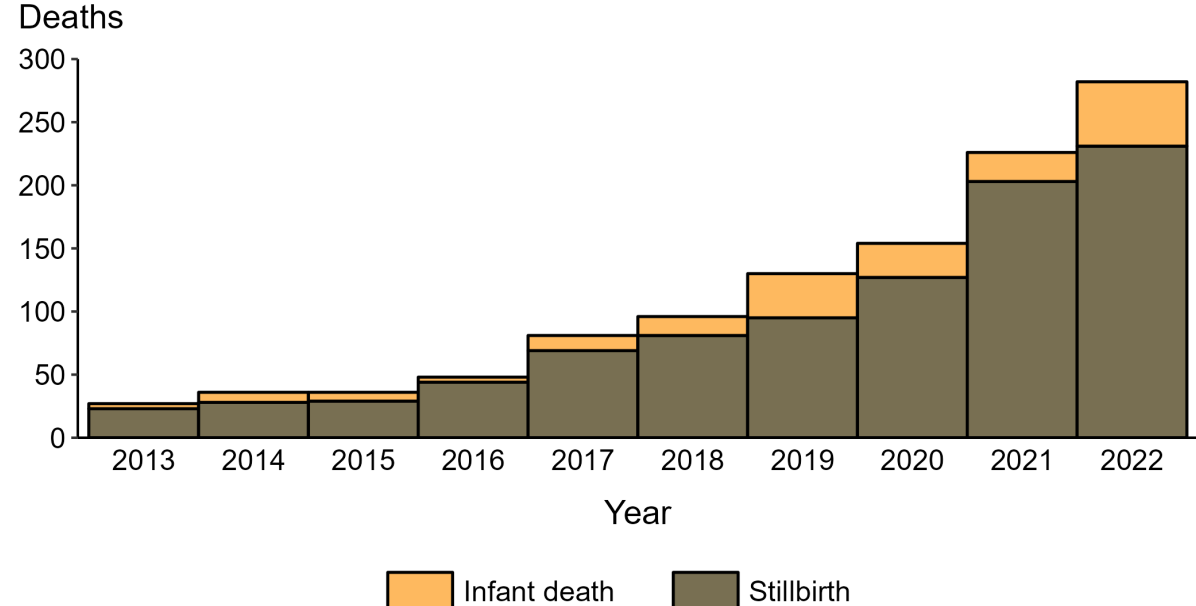
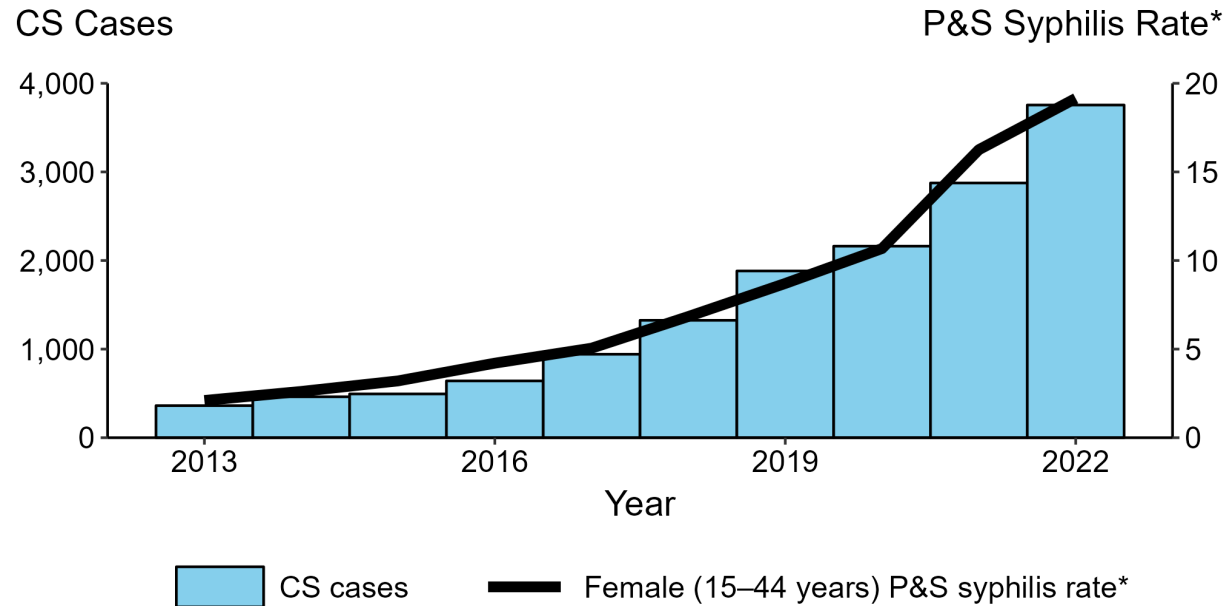


We want to hear from you!

What has been your clinic's experience  
with managing syphilis?

# Congenital syphilis (including infant deaths & stillbirths) increased nationally.

From 2013 - 2022, congenital syphilis cases increased 937.3% and stillbirths increased 904.3%.



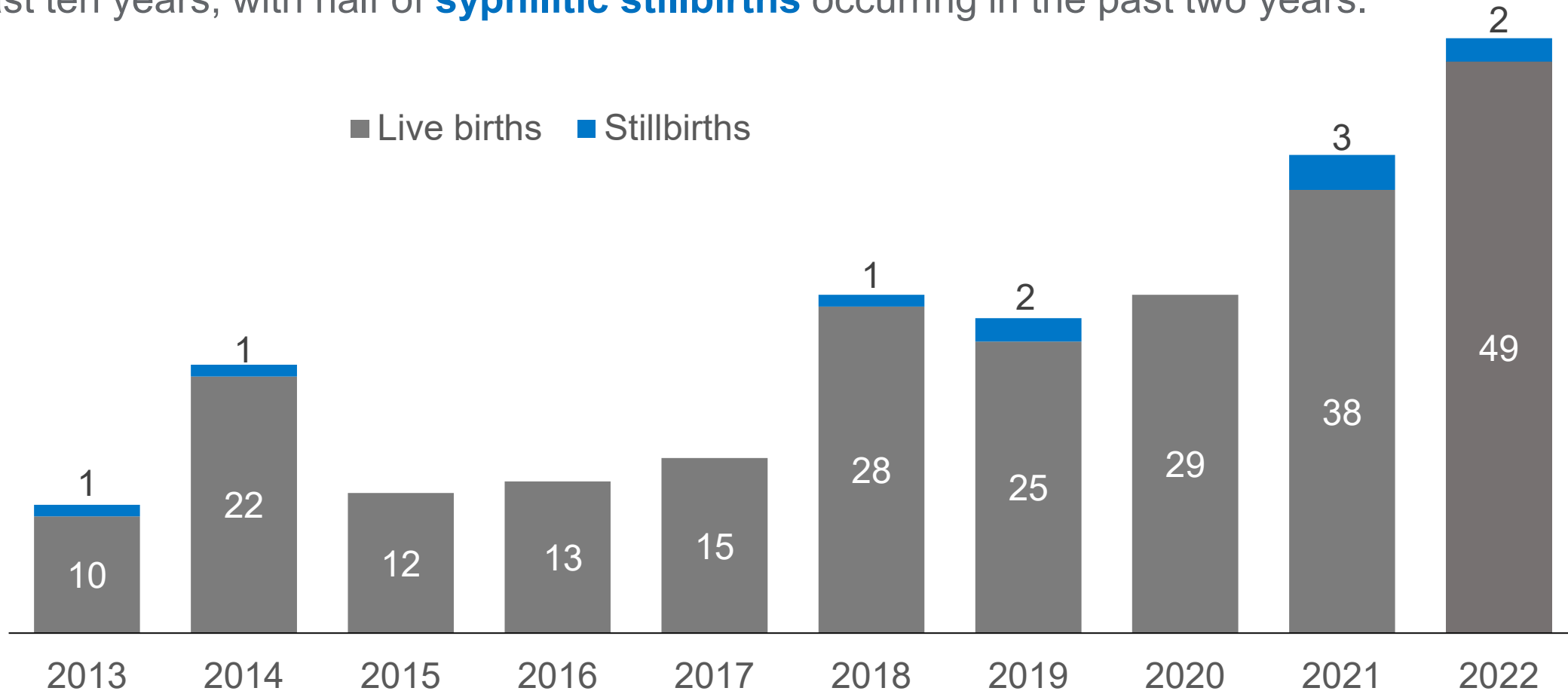
\* Per 100,000

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

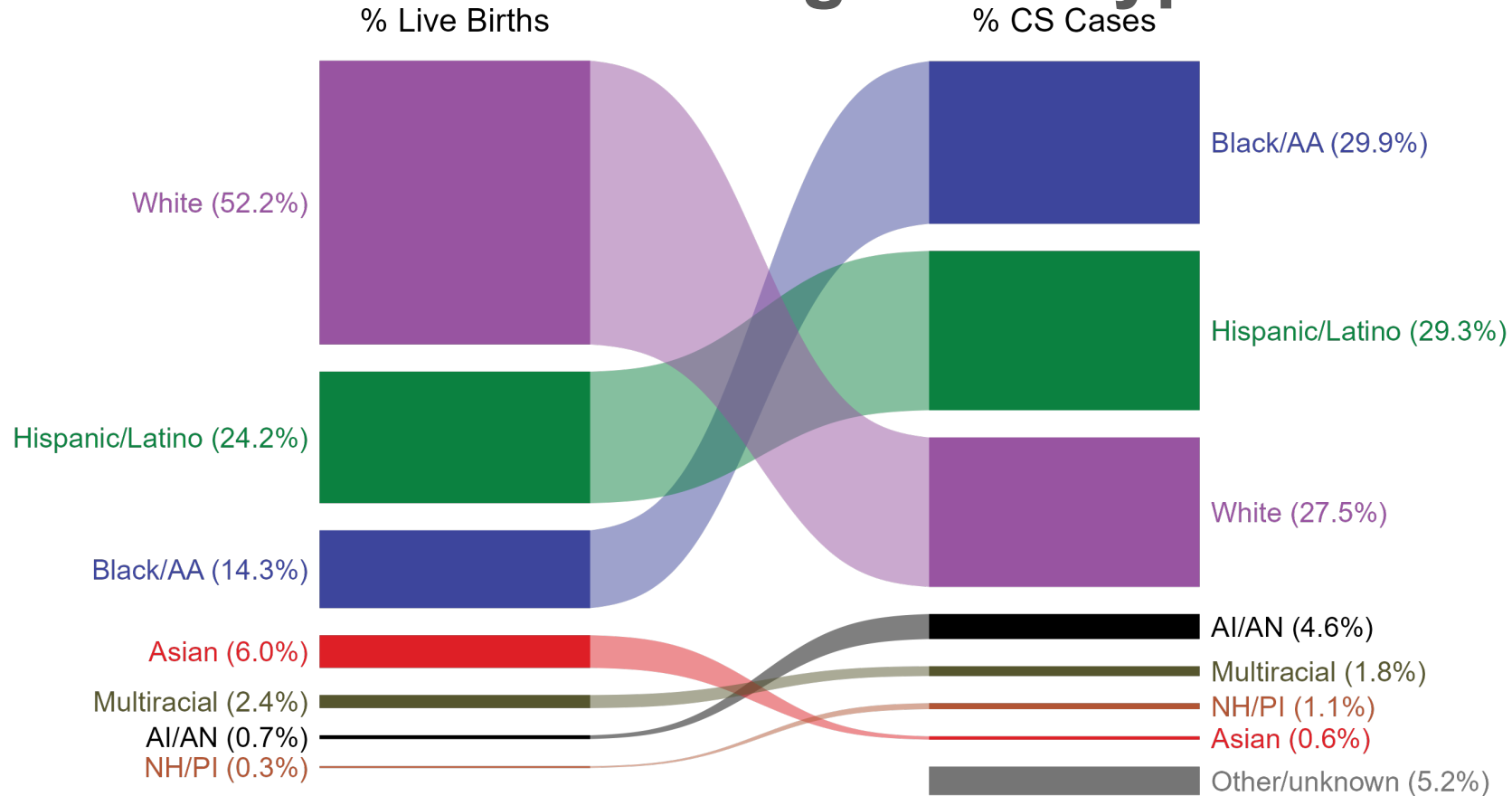


## Congenital syphilis is on the rise and has resulted in ten **stillbirths** since 2013.

2022 accounted for >20% of the total **congenital syphilis** cases reported over the past ten years, with half of **syphilitic stillbirths** occurring in the past two years.



# Nationally, **Black** and **Hispanic** persons bear the disproportionate burden of congenital syphilis.



**NOTE:** In 2022, a total of 197 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

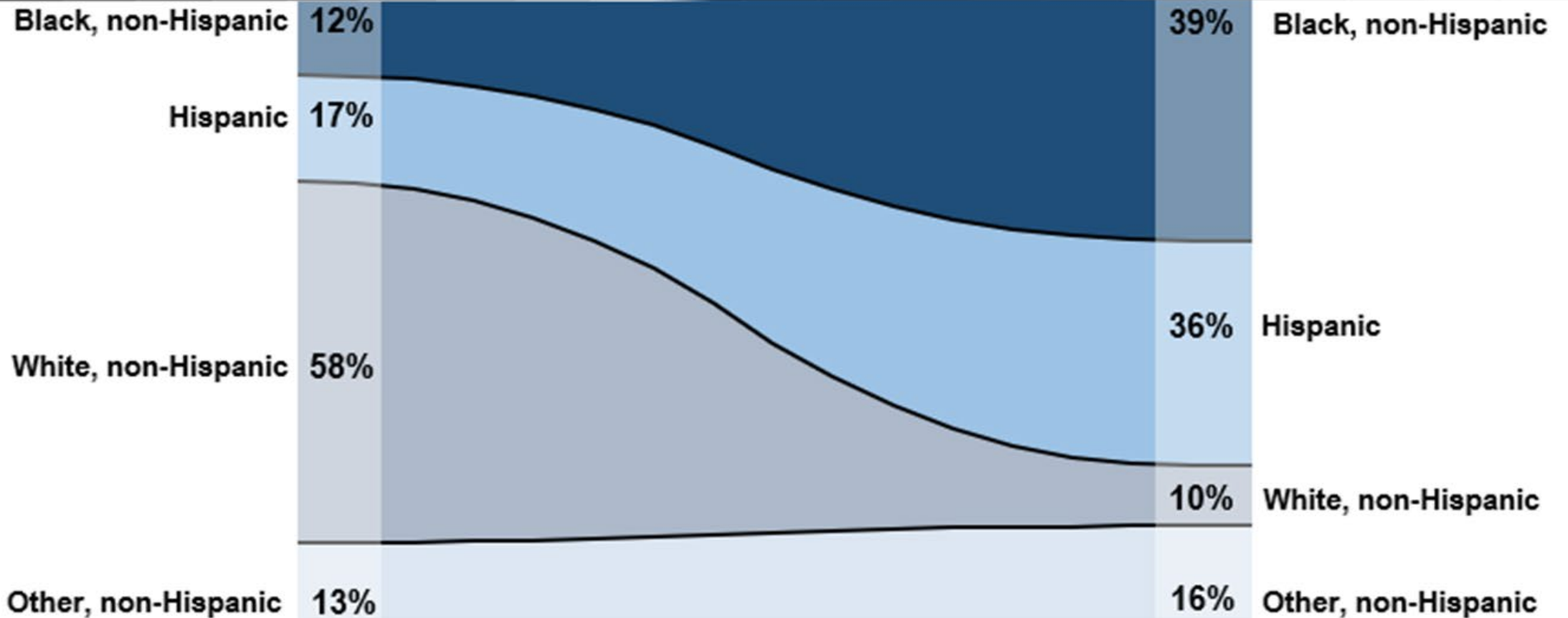
**ACRONYMS:** AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



## Congenital syphilis pregnancy outcomes in New York State disproportionately impact Black, non-Hispanic, and Hispanic persons.

Share of all 2021 pregnancies

Share resulting in congenital syphilis



1. Data for all pregnancies from Vital Statistics [https://www.health.ny.gov/statistics/vital\\_statistics/2021/table29.htm#1](https://www.health.ny.gov/statistics/vital_statistics/2021/table29.htm#1)

2. Other, non-Hispanic includes Asian/Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native, Multi-Race, Other, and Unknown, and where race was missing.

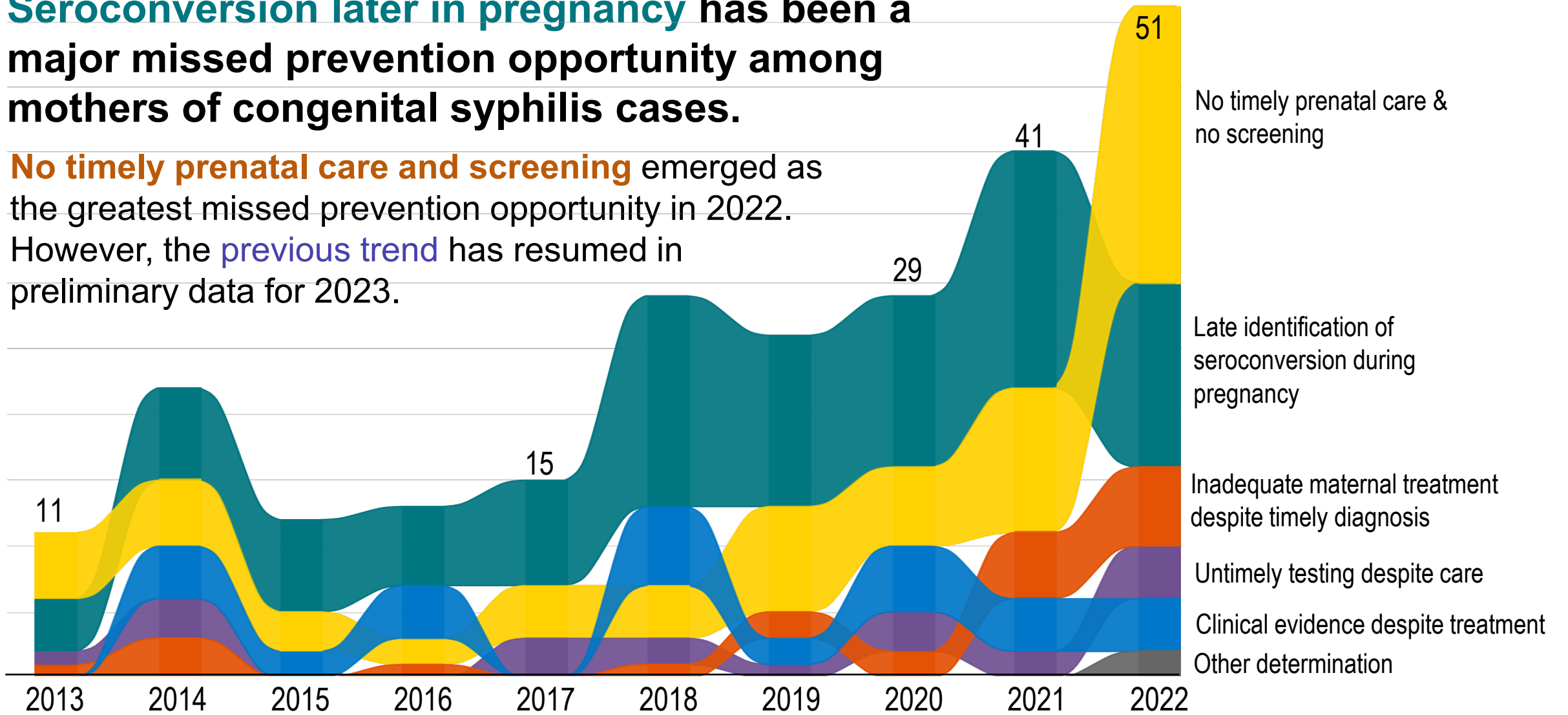
3. Data for 2021 only.

4. Share for all pregnancies in NYS (n = 145,021).

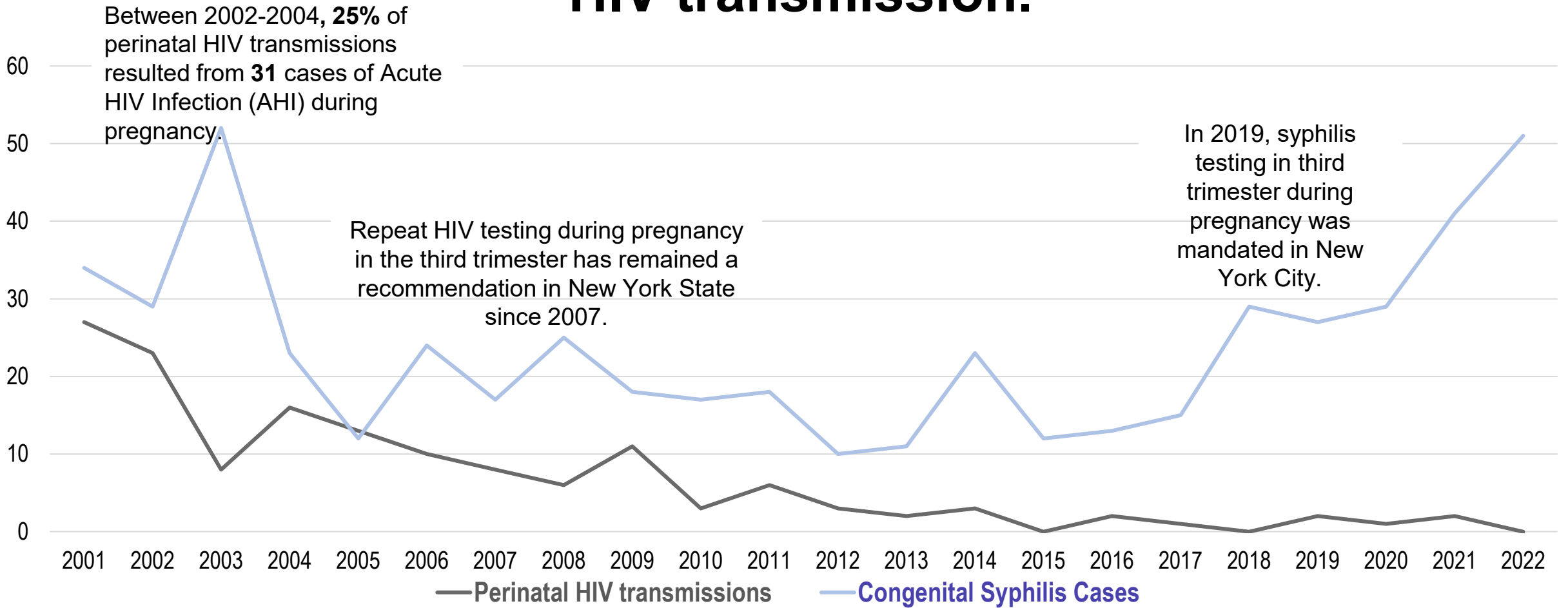
5. Share resulting in congenital syphilis (n = 41).

## 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.



# New York State has been successful in eliminating perinatal HIV transmission.



We must dedicate the same resources & lessons learned from eliminating perinatal HIV transmission to eliminate congenital syphilis



# Efforts underway modeled after perinatal HIV elimination

**01**

## We treat every case of congenital syphilis as a sentinel event

- Sentinel event letters to sent to birthing hospitals where a congenital syphilis birth is reported
- Morbidity and mortality case review meetings held following reported cases

**02**

## We have engaged the community

- A Congenital Syphilis Elimination Strategic Planning Group was convened in March of 2023

**03**

## We continue to support data-driven policy changes:

- At least three syphilis screenings for pregnant persons required\* in New York State

\* Third trimester screening requirement went into effect May 3, 2024

# Third trimester screening for syphilis is required in New York State, effective May 3, 2024

New York State law and regulation require screening pregnant persons at least three times during pregnancy:

- ✓ At the time of first examination
- ✓ During the third trimester
- ✓ At delivery



KATHY HOCHUL  
Governor

Department  
of Health

JAMES V. McDONALD, M.D., M.P.H.  
Commissioner

MEGAN E. BALDWIN  
Acting Executive Deputy Commissioner

**TO:** Sexual Health Providers, Family Planning Providers, Pharmacists, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Family Medicine, Infectious Disease, and Primary Care Providers

**FROM:** New York State Department of Health (NYSDOH), AIDS Institute (AI), Office of Sexual Health & Epidemiology (OSHE), Office of the Medical Director (OMD)

**SUBJECT:** Interim Guidance for Public Health Law §2308 to require additional third trimester syphilis screening for pregnant persons: Chapter 57 of the Laws of 2023

**DATE:** July 10, 2023

Dear Colleagues,

Amendments to Public Health Law §2308 made by Sections 4 and 5 of Part AA of Chapter 57 of the Laws of 2023 will go into effect May 3, 2024, requiring a syphilis test during the third trimester of pregnancy in addition to syphilis testing at the time of first examination. Prior to this change, syphilis testing was required at the time of first examination and again at delivery (as per 10 NYCRR section 69-2.2). This letter offers interim guidance on syphilis testing during pregnancy in light of this change in the law. Additionally, although this law does not go into effect until May of 2024, clinicians are encouraged to begin this additional screening as soon as possible.

The interim guidance below provides further details on the timing of third trimester syphilis screening, the types of serologic testing approved, recommended treatment regimens, partner management strategies, and reporting requirements. Though the law expansion effectively requires at least three syphilis screens during pregnancy, additional screening may be warranted; more frequent screening during pregnancy is best made through shared clinical decision-making between the patient and provider. Clinical consultation for providers is available through the Sexual Health Center of Excellence at: 1-866-637-2342.



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News Releases | Apr 18, 2024

## ACOG Recommends Obstetrician-Gynecologists Increase Syphilis Screening for Pregnant Individuals

**Washington, D.C.**— In the context of the rapidly increasing rates of congenital syphilis across the country, ACOG has issued updated guidance for obstetrician–gynecologists recommending that they now screen pregnant individuals for syphilis three times during pregnancy.

According to the new ACOG Practice Advisory, obstetrician–gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and again at birth. This is a change from previous guidance, which recommended risk-based testing in the third trimester only for individuals living in communities with high rates of syphilis and for those who have been at risk of syphilis acquisition during pregnancy.

“In the context of the rapidly increasing rates of congenital syphilis across the country, **ACOG** has issued updated guidance for obstetrician–gynecologists **recommending** that they now **screen pregnant individuals for syphilis three times during pregnancy.**”



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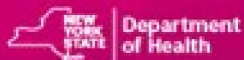




## Protect babies from **syphilis.**

Untreated syphilis while pregnant can cause serious health complications for babies, even death. Testing and treatment can save babies' lives.

[health.ny.gov](http://health.ny.gov)



## Protect babies from **syphilis.**

Syphilis is on the rise in New York. Syphilis during pregnancy can cause serious health complications for babies, even death. Testing and treatment can save babies' lives.

[health.ny.gov](http://health.ny.gov)

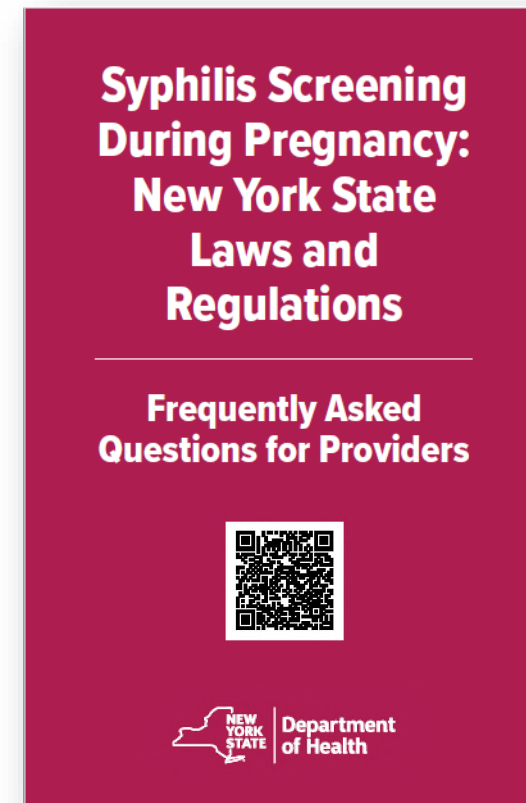


# There are more clinical resources available and a Frequently Asked Questions (FAQ)!

## Clinical resources:

- For access to free clinical education or to request training on syphilis or congenital syphilis, please go to [Clinical Education Initiative \(CEI\) Training](#).
- For access to free clinical materials, including palm cards with information on syphilis in pregnancy and congenital syphilis, please go to the [CEI Health Center of Excellence- Materials Order Form](#).
- **Real-time clinical support** available by calling the Clinical Education Initiative Sexual Health Center of Excellence Clinical line for syphilis and other Sexually Transmitted Infections-related questions at 1-866-637-2342

## Frequently Asked Questions now available:



# Beyond condoms- treatment as prevention: newer biomedical interventions are available

## Doxycycline Post-Exposure Prophylaxis to Prevent Bacterial Sexually Transmitted Infections

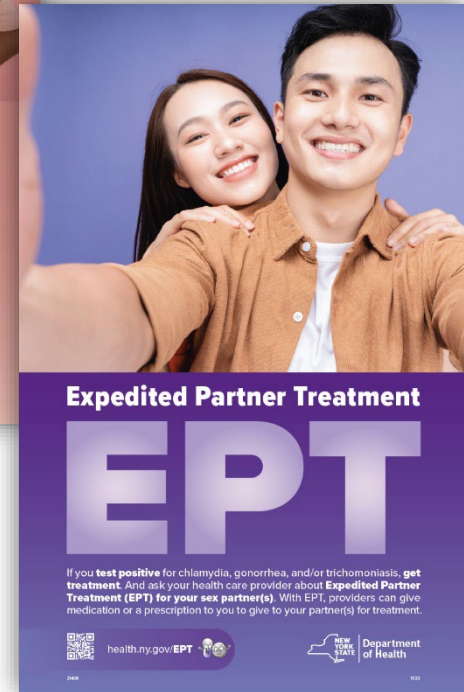
Date of current publication: September 25, 2023

Lead authors: Daniela E. DiMarco, MD, MPH; Marguerite A. Urban, MD

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Committee: Medical Care Criteria Committee

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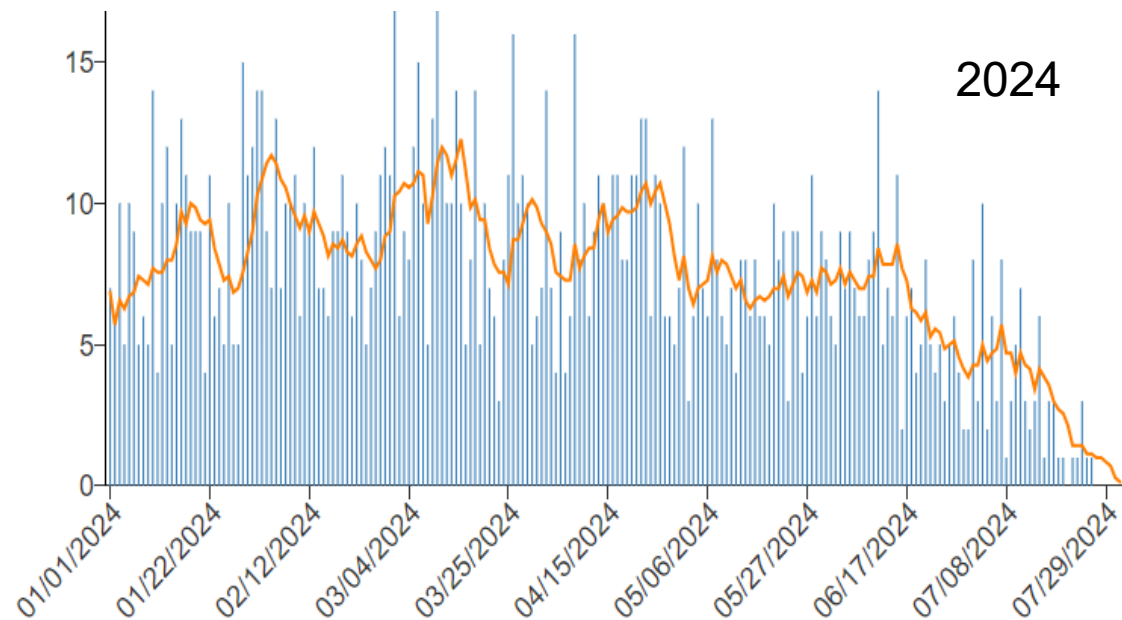
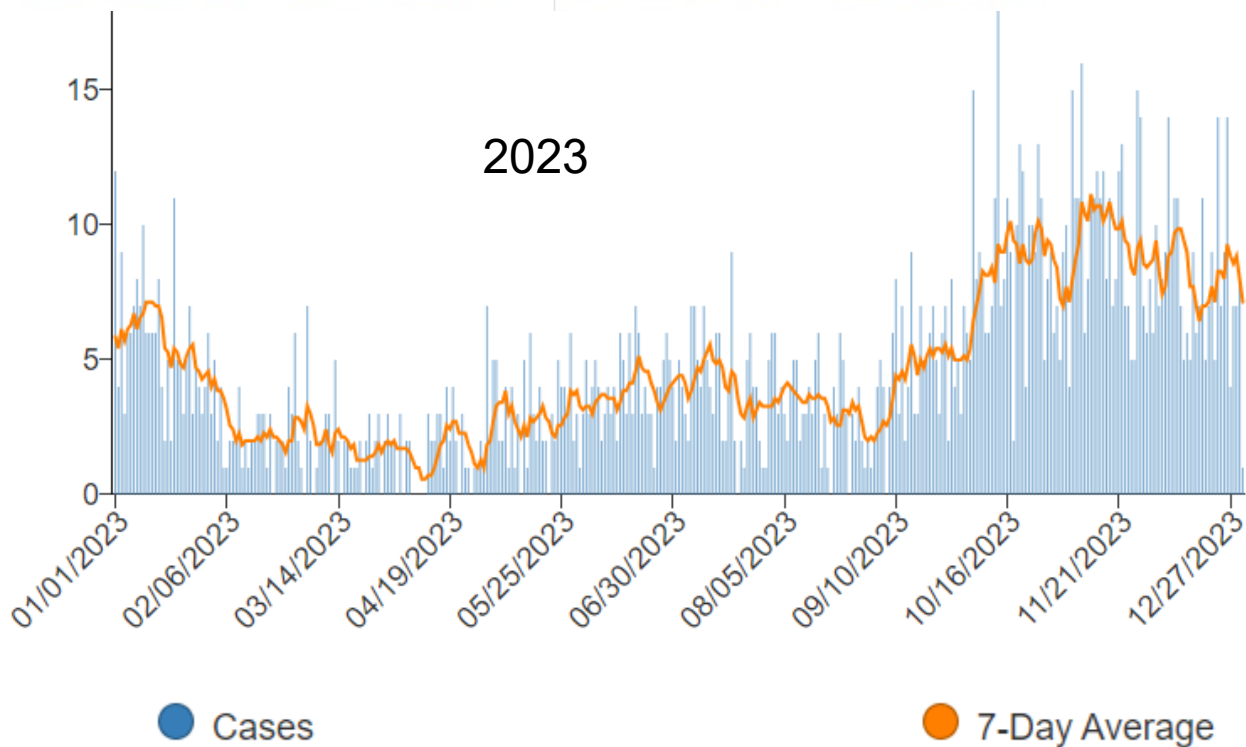
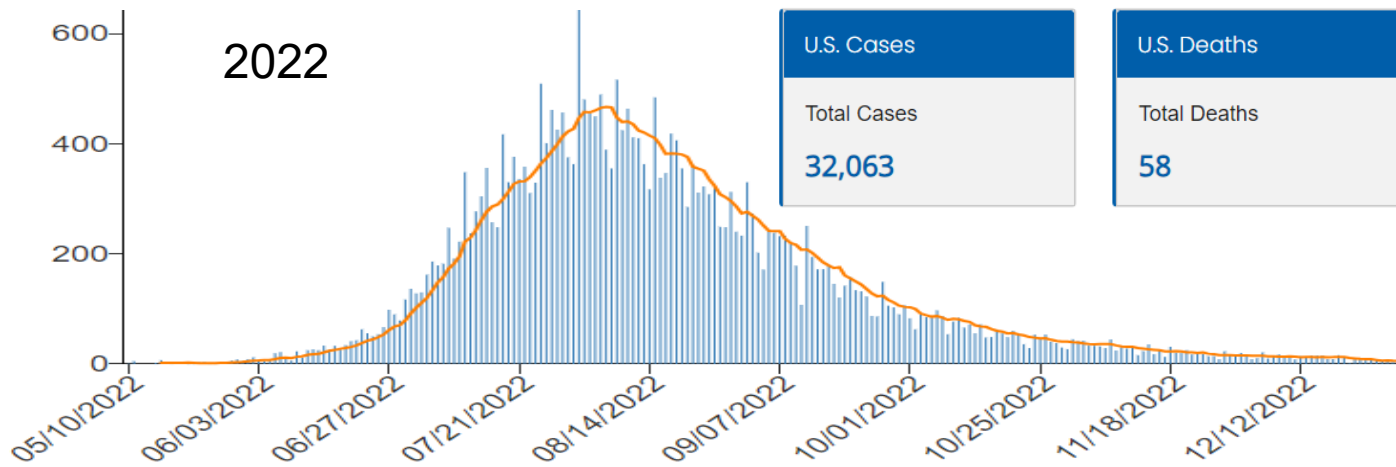




We want to hear from you!

What has been your clinic's experience  
with DoxyPep?

# Mpox – new challenges demand attention and resources

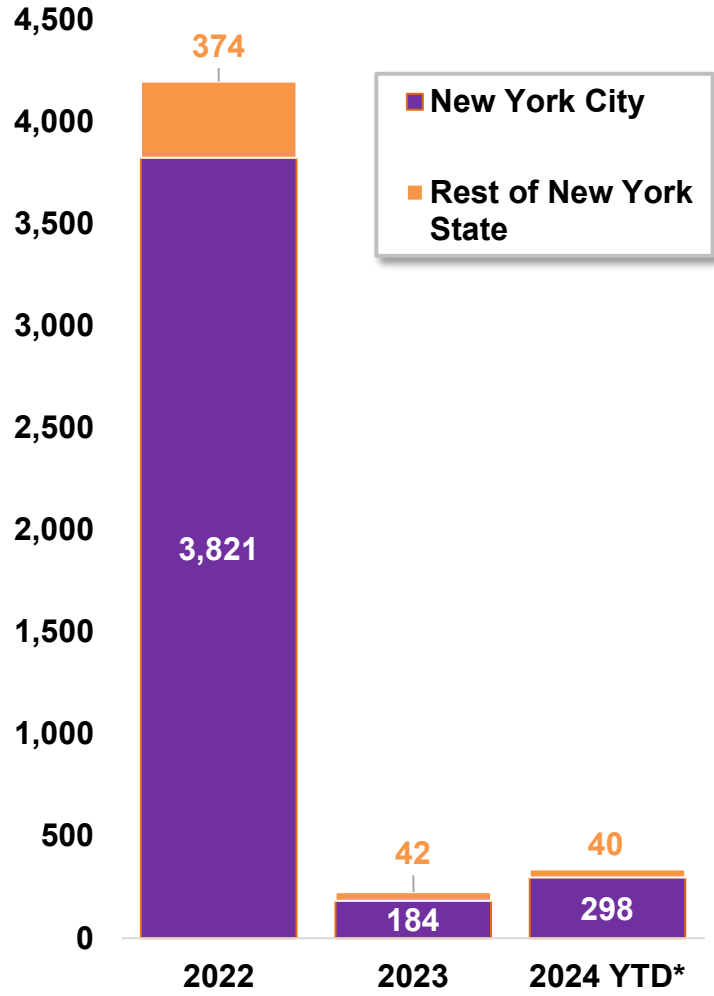


Source: <https://www.cdc.gov/poxvirus/mpox/response/2022/mpx-trends.html>

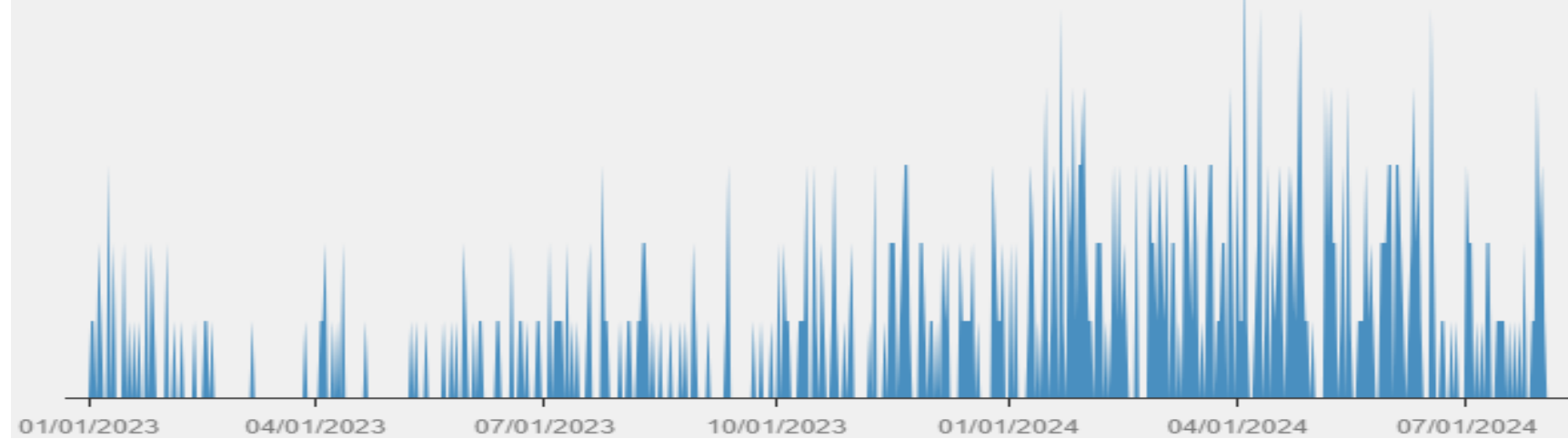


# Mpox – new challenges demand attention and resources

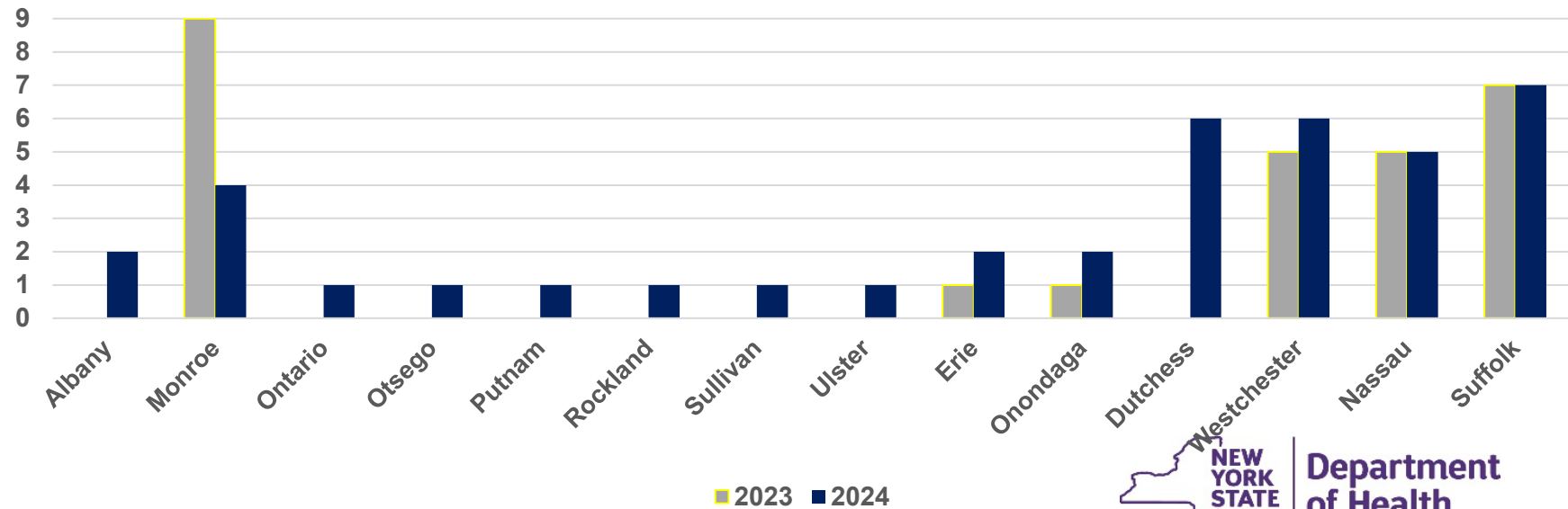
Reported mpox cases in New York State, 2022 – 2024



Mpox reported cases, New York City 2023 – 2024\*



Mpox reported cases, Rest of State 2023 - 2024\*



\* Rest of New York State case count as of August 27, 2024; New York City count as of August 3rd, 2024

# Social media campaigns to increase mpox awareness



**It takes two.**

To hug . . .  
To tango . . .  
Two doses to protect yourself from mpox.  
Start your mpox vaccine series today!

**MP•X**  
health.ny.gov/mpox

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**Know the skin you're in.**

Mpox can spread to anyone through close, personal, skin-to-skin contact. Get vaccinated for you and your community.

**MP•X**  
health.ny.gov/mpox

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health.ny.gov/mpox

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

# Supporting individuals to take a proactive role in their sexual health for themselves and their sexual partners



Be **Fierce**  
Healthy sex is **empowering.**

health.ny.gov/HealthySex



Healthy sex is **part of your identity.**



**HUMAN**

health.ny.gov/HealthySex



It's OK to talk about **SEX**

health.ny.gov/HealthySex



**Sexual Health**



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



# Thank you for your time!

- Please feel free to contact us with any questions:  
[stdc@health.ny.gov](mailto:stdc@health.ny.gov)

- Special thanks to:
  - Our partners in the Sexual Health Center for Excellence
  - All our colleagues working towards reducing sexually transmitted infections and promoting sexual health

