

Clinical Cases and Updates

December 10, 2025



Learning Objectives and Disclosure*

1. Learners will be able to evaluate and diagnose common sexual and reproductive health conditions (e.g., sexually transmitted infections, menstrual disorders, and contraceptive needs) and develop evidence-based management plans.
2. Learners will discuss key components to patient-centered care and addressing and addressing the sexual and reproductive health concerns of patients.

***Images of genitourinary system will be shared during this session**



Speakers

Dr. Shaunna Escobar, MD, MPH, FAAFP
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Allison Finkenbinder, MSN, WHNP-BC,
Clinical Advisor, NYS FP Training Center

What's this?



Source(s): [Recent dermatophyte \(ringworm\) cases associated with sexual contact, NNPTC July 2025](#); [Potential Sexual Transmission of Tinea Pubogenitalis From TMVII, JAMA Dermatology, June 2024](#)

Trichophyton mentagrophytes genotype VII (TMVII) - What is it?

- Emerging strain of dermatophyte (e.g. ringworm or tinea) infection
- Causes highly inflammatory, painful, and persistent lesions.
- Circulating in Europe and other global regions x several years
- MSM and travelers returning from Southeast Asia who engaged in sex tourism
- Can cause severe ringworm involving the face, genital and perianal areas.

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\)](#). NYC DOH. July 2024



TMVII in the U.S.

- **June 2024:** First US case of TMVII reported in NYC
- **Patient history:**
 - HIV negative man
 - Recent history of domestic travel + international travel to Europe, multiple male partners while traveling
 - Developed scaly, erythematous, pruritic rash in groin, genitals and legs
- Successfully treated with a prolonged antifungal regimen of oral terbinafine and itraconazole

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\)](#), NYC DOH, July 2024



Characteristics of TMVII

- Inflamed, itchy, painful, and persistent skin lesions
- Found on the genitals, buttocks, or face
- Can include sharply demarcated, erythematous, scaling plaques or pustules
- May affect the shaft of the penis (unlike jock itch)
- Usually fails to clear with topical antifungal regimens



Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\), NYC DOH, July 2024](#); [MMWR, Notes from the Field: Trichophyton mentagrophytes Genotype VII — New York City, April–July 2024](#)

Clinical appearance TMVII



Source(s): [Sexually Transmitted Trichophyton mentagrophytes Genotype VII Infection among Men Who Have Sex with Men. *Emerging Infectious Diseases*. 2023;29\(7\).](#)

Prevent the spread, expedite diagnosis and treatment

- High level of suspicion when pts present with inflammatory, painful, or persistent skin lesions
- Diagnose with KOH prep and fungal culture of skin scrapings
- Initiate treatment if TMVII suspected
- **Test for other STIs!** HIV, CT, GC, syphilis, mpox

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\)](#), NYC DOH, July 2024



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Poll 1: What is the recommended treatment for TMVII? *Select all that apply.*

- A. Oral terbinafine 250 mg daily
- B. Topical clotrimazole 1% cream twice daily
- C. Oral itraconazole 200 mg daily
- D. Hydrocortisone cream 1% twice daily

Poll 1: What is the recommended treatment for TMVII? *Select all that apply.*

- A. Oral terbinafine 250 mg daily - start empirically**
- B. Topical clotrimazole 1% cream twice daily
- C. Oral itraconazole 200 mg daily - switch to if no clinical improvement after 2-4 weeks of oral terbinafine**
- D. Hydrocortisone cream 1% twice daily

Treatment

- If TMVII suspected, start empiric treatment:
 - **Oral terbinafine 250 mg daily**
 - Treatment generally lasts 6 - 8 weeks
- Continue treatment until complete clinical resolution *and* negative KOH prep from skin scrapings (if available)
- Refer to ID or derm and switching to oral itraconazole 200mg once daily if no clinical improvement after 2 to 4 weeks of oral terbinafine

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\)](#), NYC DOH, July 2024



Counseling the client

- **Avoid:**
 - Sexual contact while experiencing symptoms
 - Skin-to-skin contact with a rash
 - Shared use of personal items and clothing
 - Use of topical steroids
- Wash and dry clothing on high heat to kill fungal spores

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\), NYC DOH, July 2024](#)



Assistance with TMVII

- If suspected case - contact state or local health department and email CDC at FungalOutbreaks@cdc.gov
- Request assistance through STD Clinical Consultation Network at stdccn.org
- NYC Health Departments Provider Access Line:
866-692-3641

Source(s): [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\), NYC DOH, July 2024](#)



Case registry for TMVII

- CDC and University of Alabama at Birmingham
- Goal is to understand:
 - TMVII's spread in U.S.
 - Impact on affected populations
- Submit suspected or confirmed TMVII case details: [Trichophyton mentagrophytes genotype VII \(TMVII\) registry.](#)

Date: 06/26/2025

RE: Protocol: MSG 24 – *Trichophyton mentagrophytes* genotype VII case registry
Principal Investigators: Olivia Van Gerwen, MD, Stefania Carmona, MD.
IRB #: 300014894

Dear Colleague,

Have you seen a patient with *Trichophyton mentagrophytes* genotype VII (TMVII) in your practice?

If so, you are invited to participate in a research study (registry) focused on collecting cases of *Trichophyton mentagrophytes* genotype VII (TMVII) infection. TMVII is an emerging strain of dermatophyte causing dermatophytosis (ringworm) associated with sexual transmission among men who have sex with men. TMVII cases can be more severe than traditional dermatophyte infections, resulting in pain and scarring. This strain has recently been identified in the United States.

The purpose of this registry study is to gain a comprehensive understanding of TMVII spread in the United States and understand the disease burden within the affected population.

While we will not be collecting any protected health information (PHI) from patient cases, we will ask for your contact information so that we can reach out if we have questions about your case or wish to discuss findings and potential publication opportunities.

Educational resources related to the diagnosis, testing, and clinical images of TMVII can be found in the **Appendix below**.

Case eligibility criteria:

- **Adults** (male or female: >15 years of age) in the United States with a diagnosis of confirmed or suspected TMVII infection.

You are invited to submit your cases through our secure REDCap database, linked [here](#) or via the QR code below.



Thank you for considering this invitation to participate in this registry. Please complete the entire REDCap survey located at the link above. If there are data fields that you lack information on, you may leave those blank or click

If you prefer listening . . .

< ALL EPISODES



Thursday Nov 13, 2025

Keeping an Eye on STIs – Have You Heard of TMVII?

♥ Likes

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TMVII Resources

- [MMWR, Notes from the Field: Trichophyton mentagrophytes Genotype VII — New York City, April–July 2024](#)
- [Jabet A, Dellière S, Seang S, et al. Sexually Transmitted Trichophyton mentagrophytes Genotype VII Infection among Men Who Have Sex with Men. Emerging Infectious Diseases. 2023;29\(7\):1411-1414. doi:10.3201/eid2907.230025.](#)
- [Recognition, Diagnosis, Treatment, and Prevention of Trichophyton mentagrophytes Genotype VII \(TMVII\), New York City Department of Health and Mental Hygiene, July 2024](#)

ACOG Clinical Update: BV Partner Treatment

The NEW ENGLAND
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Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis

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ACOG
American College of
Obstetricians & Gynecologists

CLINICAL PRACTICE UPDATE

DECEMBER 2025

Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence

This Clinical Practice Update was developed by the American College of Obstetricians & Gynecologists in collaboration with Anna Powell, MD, MSCR; and Jenell Coleman, MD, MPH.

This Clinical Practice Update provides new guidance on the use of sexual partner therapy in the management of bacterial vaginosis based on new research findings and a growing body of evidence implicating sexual activity as an important method of infection transmission. This document is a focused update of related content in Practice Bulletin No. 215, *Vaginitis in Nonpregnant Patients* (Obstet Gynecol 2020;135:e1-17).

Source(s): [Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis](#), NEJM 2025; [ACOG Clinical Practice Update: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence](#), 2025



Updated Clinical Recommendations

Male sexual partners

- Concurrent sexual partner therapy with a combination of oral and topical antibiotics should be considered for male sexual partners of adult patients with recurrent symptomatic BV.

Same-sex partners and first occurrence of BV

- Shared decision making regarding concurrent sexual partner therapy is recommended for adult patients with recurrent, symptomatic BV who have same-sex partners and for patients with a first occurrence of symptomatic BV.

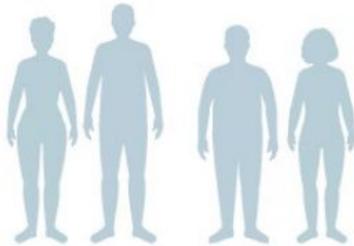
Brief review of study

Population:

- Premenopausal female patients in monogamous relationship with a male partner
- Patients from two sexual health services and three family-planning services across three Australian states

Participants

- 164 adult heterosexual couples
- Women: premenopausal



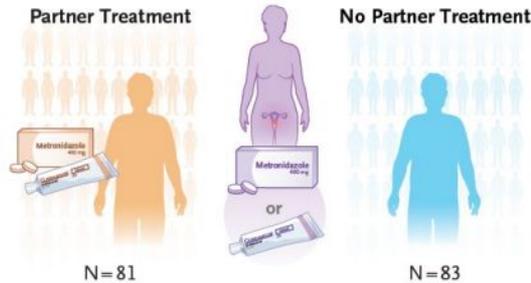
Intervention and control groups

Intervention

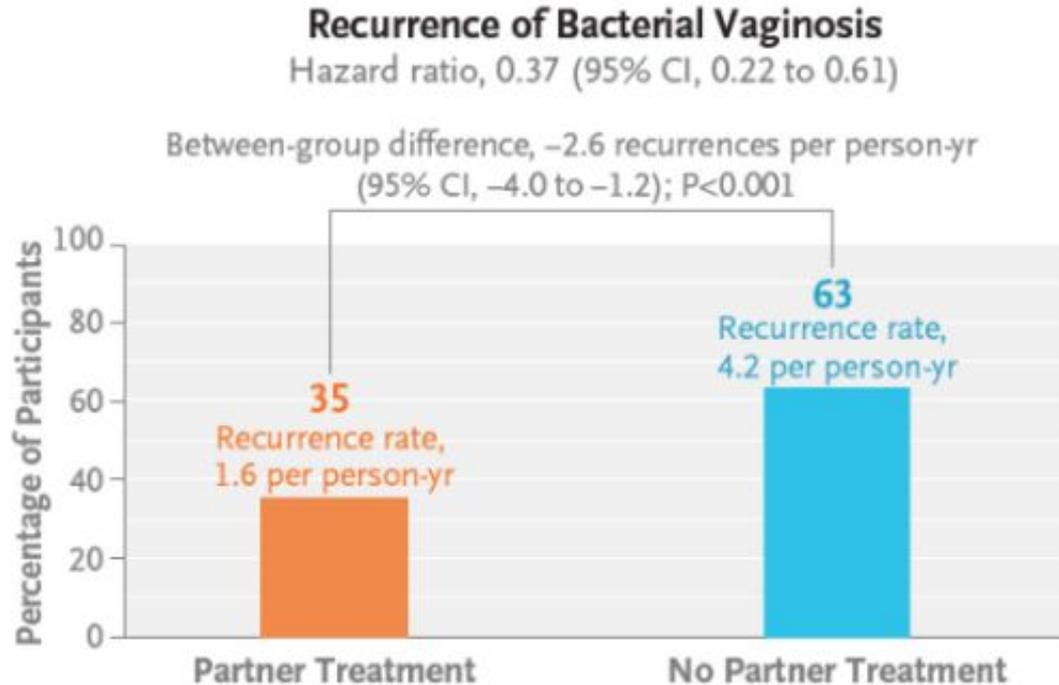
- All females were treated with **metronidazole 400-mg tablets twice daily for 7 days** or, if contraindicated, intravaginal 2% clindamycin cream for 7 nights or intravaginal 0.75% metronidazole gel for 5 nights
- **Treatment** males were treated with metronidazole 400-mg tablets (to be taken twice daily for 7 days) and were instructed to apply a 2-cm-diameter volume of 2% clindamycin cream topically to the glans penis and upper shaft (under the foreskin if the male partner was uncircumcised) twice daily for 7 days

Control

- Treatment of women only, no male oral medications or cream
- A placebo cream was not used for men owing to concerns that application of any topical cream may alter the composition of the penile microbiome



Results



- All women reported taking at least 70% of their Rx meds
- BV recurrence risk was lowest among those whose male partner reported 100% tx adherence

Source(s): [Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis](#), NEJM 2025; [ACOG Clinical Practice Update: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence](#), 2025

Limitations of the study

- Only monogamous heterosexual couples were enrolled in study
- Most female participants had ≥ 1 risk factors for recurrent infection

Source(s): [Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis](#), NEJM 2025; [ACOG Clinical Practice Update: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence](#), 2025



Implementation Considerations

- Candidates for concurrent partner therapy for BV:
 - Symptomatic, recurrent infection
 - Monogamous relationship with regular male sexual partner
- Shared decision making outside of these criteria

Source(s): [Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis](#), NEJM 2025; [ACOG Clinical Practice Update: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence](#), 2025



Getting the partner treatment

- Partners should be encouraged to seek eval and tx from their own health care provider
- Counsel on adverse effects of meds
- Importance of abstinence and med adherence; condoms in lieu of abstinence
- Tx for partner does **not** fall under EPT in NYS

Source(s): [Male-Partner Treatment to Prevent Recurrence of Bacterial Vaginosis](#), NEJM 2025; [ACOG Clinical Practice Update: Concurrent Sexual Partner Therapy to Prevent Bacterial Vaginosis Recurrence](#), 2025



NE Public Health Initiative



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Collaborative Principles

- The Collaborative’s mission is to monitor and navigate the evolving public health landscape, ensure a coordinated approach in adapting to that landscape, and identify and implement best practices, standardized procedures, & new solutions—all in service of safeguarding the health and well-being of the populations we serve.
- Each jurisdiction retains its autonomy, with the right to participate or align, or not participate or align, with a given action or initiative that the Collaborative takes on.
- The Collaborative and its respective initiatives will continue to evolve to best meet the public health needs of the communities we serve.
- Apolitical coalition of state and big city health departments in HHS Regions 1–3.

Formal debut: September 2025



An official website of New York State. [Here's how you know.](#)

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Several Northeastern States and America's Largest City Announce the Northeast Public Health Collaborative

Voluntary Coalition Includes Connecticut, Maine, Massachusetts, New Jersey, New York State, Pennsylvania, Rhode Island and New York City

Regional Partnership Brings Together Public Health Agencies and Leaders to Share Expertise, Improve Coordination, and Promote and Protect Evidence-Based Public Health

Work Groups Created to Identify Opportunities for Collaboration Including Public Health Emergency Preparedness, Vaccine Recommendations, Data Collection, Infectious Disease Management and Laboratory Services

ALBANY, N.Y. (September 18, 2025) – Several Northeastern states and America's largest city have been collaborating since early 2025 and today formally announced the Northeast Public Health Collaborative, a voluntary regional coalition of public health agencies and leaders, brought together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and promote and protect evidence-based public health.

New York and Other States Form Health Bloc as Answer to Trump's Policies

Northeastern governors, like their peers in the West, want to shore up public health and issue a stamp of approval for vaccines.

[Listen to this article](#) - 6:33 min [Learn more](#)

[Share full article](#)

Places with broader vaccine recommendations than the C.D.C.

Two regional health alliances are issuing wider-ranging Covid-19 vaccine guidance than the federal government, including recommending shots for pregnant women and all children from 6 months to 2 years.

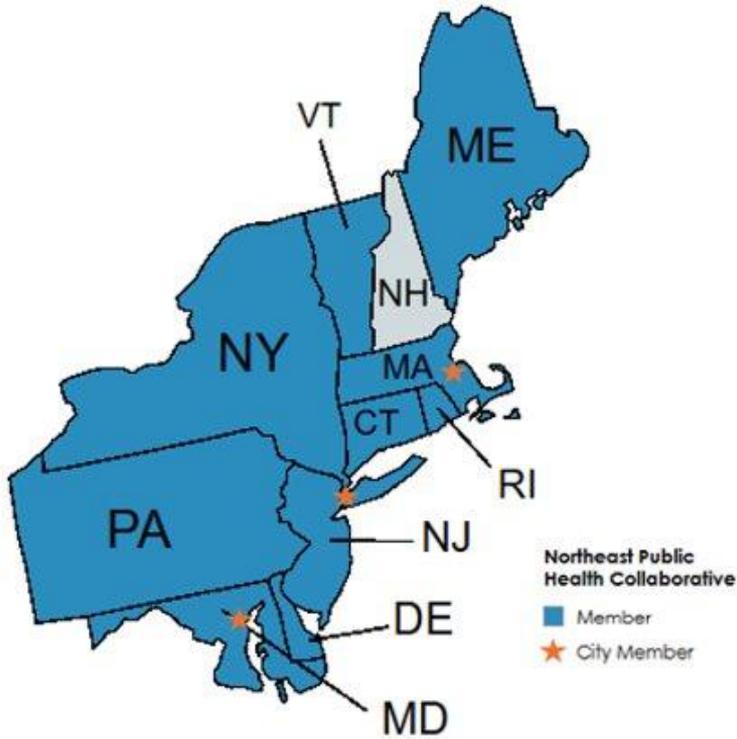


By Amy Schoenfeld Walker and Daniel Wood



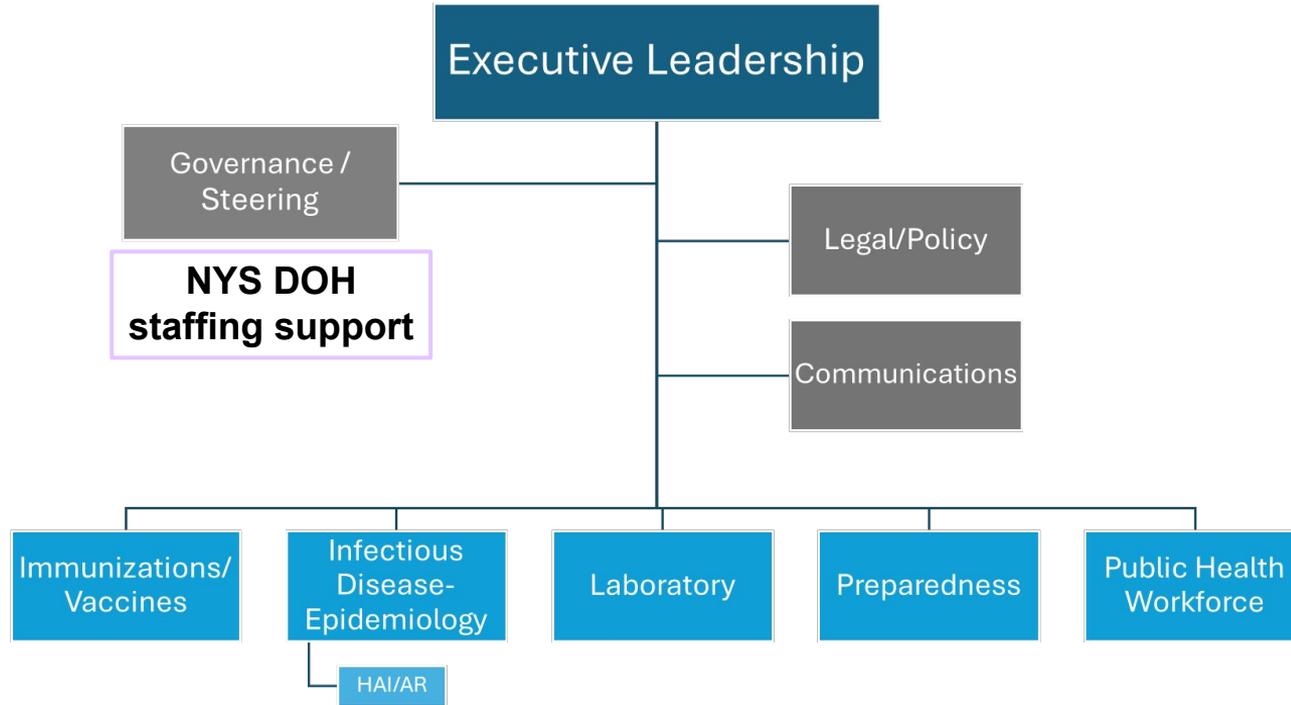
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Participating jurisdictions represent >1 in 5 Americans



- Baltimore, MD
- Boston, MA
- Connecticut
- Delaware
- Maine
- Maryland
- Massachusetts
- New Jersey
- New York
- New York City, NY
- Pennsylvania
- Rhode Island
- Vermont

Northeast Public Health Collaborative Structure



Relationships to other Collaboratives

West Coast Health Alliance: a similar regional group, with four initial areas of focus: Immunization Recommendations & Position Statements, Healthcare Infection Control Prevention & Practices Guidance, FDA authorization changes, and Preventive services guidelines

- In regular communication with WCHA to share notes and identify areas for partnership

Governors Public Health Alliance: a coordinating hub for governors and a unified, cross-state liaison with the global health community. Takes place at political/legislative level, while our work takes place at the health department, subject matter expert level.

- Connection to this group will happen through participating jurisdictions' Governors Offices



Immunizations are a Fall 2026 priority

- COVID-19 vaccine guidance
- Post- September ACIP meeting assessments on COVID-19, MMR-V votes
- Joint planning around procurement/distribution alternatives
- Hepatitis B vaccine assessment

NORTHEAST PUBLIC HEALTH COLLABORATIVE
RECOMMENDATIONS FOR THE 2025-2026 COVID-19 VACCINE ver: 9/15/2025

Background

The Northeast Public Health Collaborative is a voluntary coalition of regional public health agencies and leaders, brought together to share expertise, improve coordination, enhance capacity, strengthen regional readiness and protect evidence-based public health. In summer of 2025, the Collaborative's Immunization Working Group, consisting of immunization and epidemiology experts in each jurisdiction, was charged by the Leadership Group, consisting of state health officials and/or their designees, to review the scientific evidence, public health considerations, and existing recommendations pertaining to the 2025-2026 COVID-19 vaccine. This was accomplished, with the following recommendations written and approved by the Leadership Group.

The recommendations below are consistent with the Fall 2025 COVID-19 vaccination recommendations from the following US professional medical societies:

- [American Academy of Pediatrics](#)
- [American College of Obstetrics and Gynecology](#)
- [American Academy of Family Physicians](#)

10/31/25

Northeast Public Health Collaborative Response to the September ACIP Meeting

The Northeast Public Health Collaborative ("the Collaborative") has reviewed the Advisory Committee on Immunization Practices (ACIP) proceedings, votes, and recommendations from their September 18-19, 2025 meeting and their subsequent adoption by the Centers for Disease Control and Prevention (CDC) on October 6th, 2025. The Collaborative is a voluntary coalition of regional public health agencies working together to share expertise, improve coordination, enhance capacity, strengthen regional readiness, and protect evidence-based public health in our jurisdictions.

As no new efficacy, effectiveness, or safety data were presented at the ACIP meeting that would form the basis for a change in prior vaccination recommendations, the Collaborative continues to endorse the following:



Building structure/operations for 2026

- Continue to formalize structure/procedures/internal ops
- Each workgroup identified priority issues for coming months. Mixture of:
 - Finalizing MOUs for steady state/emergency support
 - Proactive guidance publication
 - New initiatives (e.g., tobacco campaign, fellowship program proposal)

Working on 3 time horizons... while we build the plane... with a destination not fully clear

1. Processing and sharing information on the present
2. Developing short- and medium-term work products (e.g., vaccine and infection control guidance)
3. Developing longer-term solutions to replace lost capacity (e.g., data systems, laboratory sharing, fellowship programs)

Easy/
cheap

Harder,
more
costly,
requires
more
certainty

Contraceptive Care Resources



Contraceptive Care Resources

Contraception App

 Health Care Providers
AUGUST 6, 2024

Per a court order, HHS is required to restore this website to its version as of 12:00 AM on January 29, 2025. Information on this page may be modified and/or removed in the future subject to the terms of the court's order and implemented consistent with applicable law. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. The Trump Administration rejects gender ideology due to the harms and divisiveness it causes. This page does not reflect reality and therefore the Administration and this Department reject it.

AT A GLANCE

CDC's Contraception app is intended to help health care providers when they counsel patients about contraceptive method choice and use.

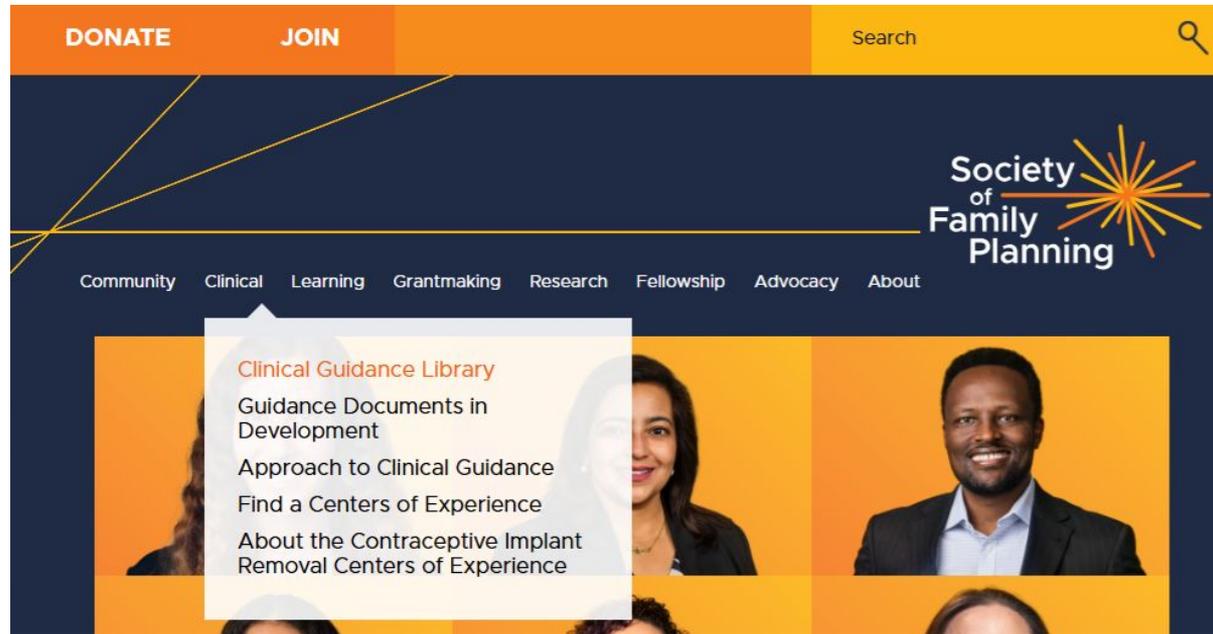


Currently, the Contraception app is still functioning, but it is run and updated by the CDC and **subject to future removal**

Reliable Sources of Contraception Information

The Society of Family Planning is hosting the CDC MEC and SPR on their website

<https://societyfp.org/>



Reliable Sources of Contraception Information

Filtering by the Topic
“Contraception”
will help limit the results

Society of Family Planning

Community Clinical Learning Grantmaking Research Fellowship Advocacy About

CLINICAL

Clinical Guidance Library

Use the title search or filter to quickly find relevant clinical guidance and provide clinical care according to the best available evidence.

[Clear All Filters]

Search by Title Newest Document Type All Topics All Documents

- All Topics
- Abortion up to 13 6/7
- Abortion after 14 0/7
- Contraception**
- Medication abortion
- Procedural abortion

Endorsed

Increased risk of maternal morbidity associate

Reliable Sources of Contraception Information

Cannot just
search for “MEC”
or “SPR”

Endorsed

US medical eligibility criteria for contraceptive use, 2024

August 2024

The 2024 US Medical Eligibility Criteria for Contraceptive Use (US MEC) comprises recommendations for the use of specific contraceptive methods by persons who have certain characteristics or medical conditions. These recommendations for health care providers were updated by CDC after review of the scientific evidence and a meeting with national ... [Read more >](#)

Endorsed

US selected practice recommendations for contraceptive use, 2024

August 2024

The 2024 US Selected Practice Recommendations for Contraceptive Use (US SPR) addresses a selected group of common, yet sometimes complex, issues regarding initiation and use of specific contraceptive methods. These recommendations for health care providers were updated by CDC after review of the scientific evidence and a meeting with national ... [Read more >](#)



Reliable Sources of Contraception Information

- Plans if the Contraception App stops working?
- Any other Resources other would like to share?



NYSDOH AIDS Institute LDH STI Call

1. Case of *Secondary* syphilis in a postpartum person
 - No test done on admission to labor and delivery
 - False negative cord blood syphilis test on baby
 - Resulted in a late congenital syphilis test in a several weeks old newborn
2. Discussion about missing prior negative syphilis results because they are not being reported to the state
3. For LDH – survey is going out about supplies of Bicillin that will help develop a report that will be submitted to the commissioner

Title X Clinician Survey - please complete and share with colleagues

- Help direct what support for Title X clinicians looks like in 2026

- Link to survey:

<https://survey.alchemer.com/s3/8570205/2025-Title-X-Clinical-Survey>



Thank you and see you in 2026!



Buttermilk Falls State Park

- Please complete the evaluation (required for CNE)
- Slides will be posted on nysfptraining.org