

NYS STI Clinical Updates

March 31, 2026



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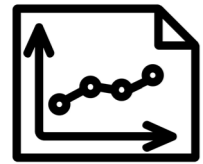
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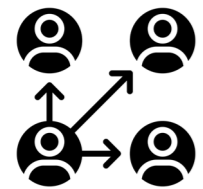
AGENDA

- 2024 NYS STI surveillance data
- STI data dashboard tour
- Benzathine penicillin G shortage
- New gonorrhea treatment options - *will not cover today, info in slides*

Learning objectives



Analyze STI trends in New York State and local jurisdictions, identifying key shifts in 2024.



Incorporate updated surveillance data and treatment protocols in to daily clinical practice.



Identify key populations disproportionately affected by STIs.

NYS Regions



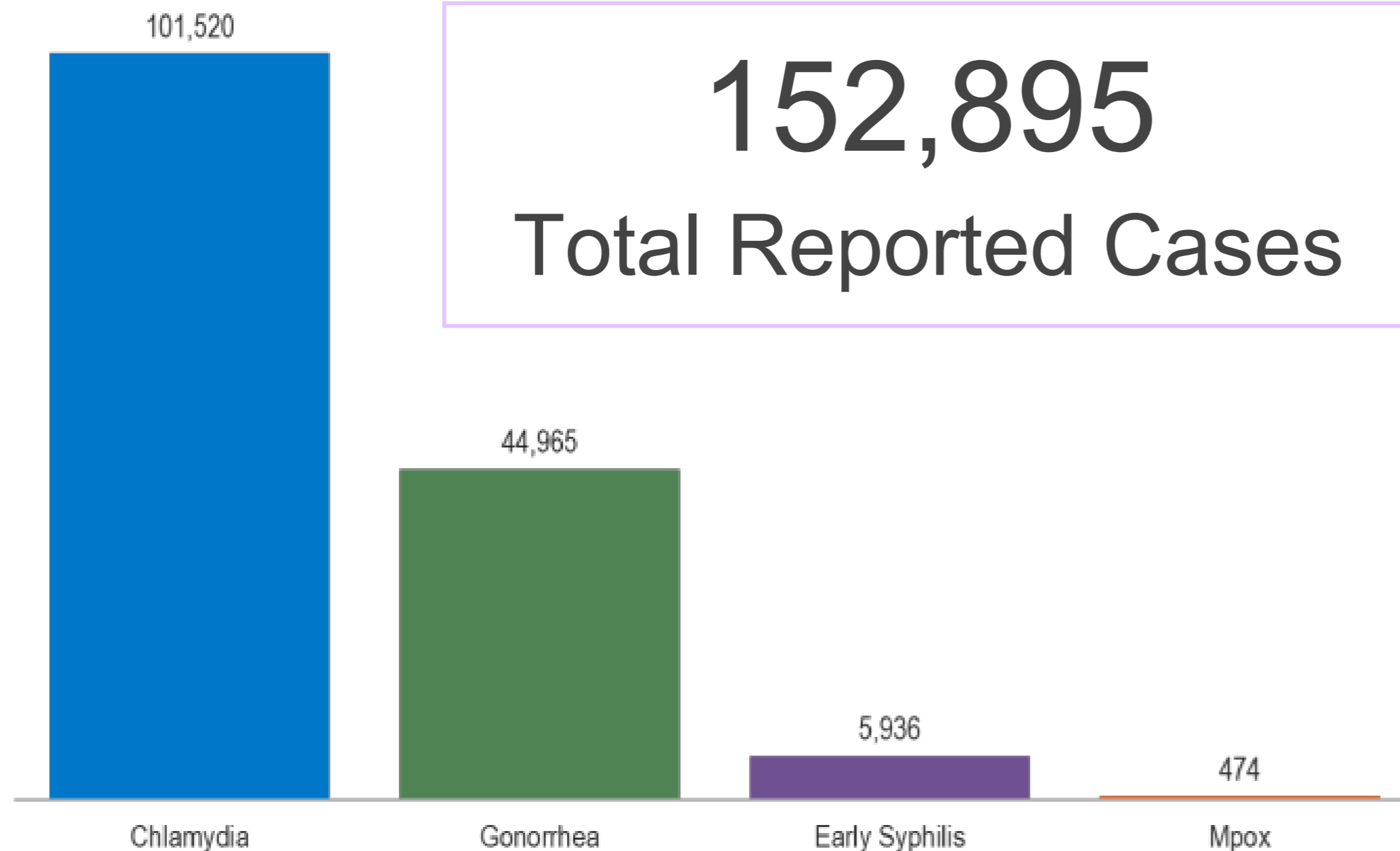
Poll 1: What region of NYS are you in?

- A. Buffalo region
- B. Rochester region
- C. Central region
- D. Capital region
- E. Hudson Valley region
- F. New York City region
- G. Long Island region
- H. I'm not in NYS



2024 NYS STI surveillance

Figure 1. Number of sexually transmitted infection diagnoses in New York State, 2024



- Decreases

- Chlamydia
- Gonorrhea
- Primary & secondary syphilis



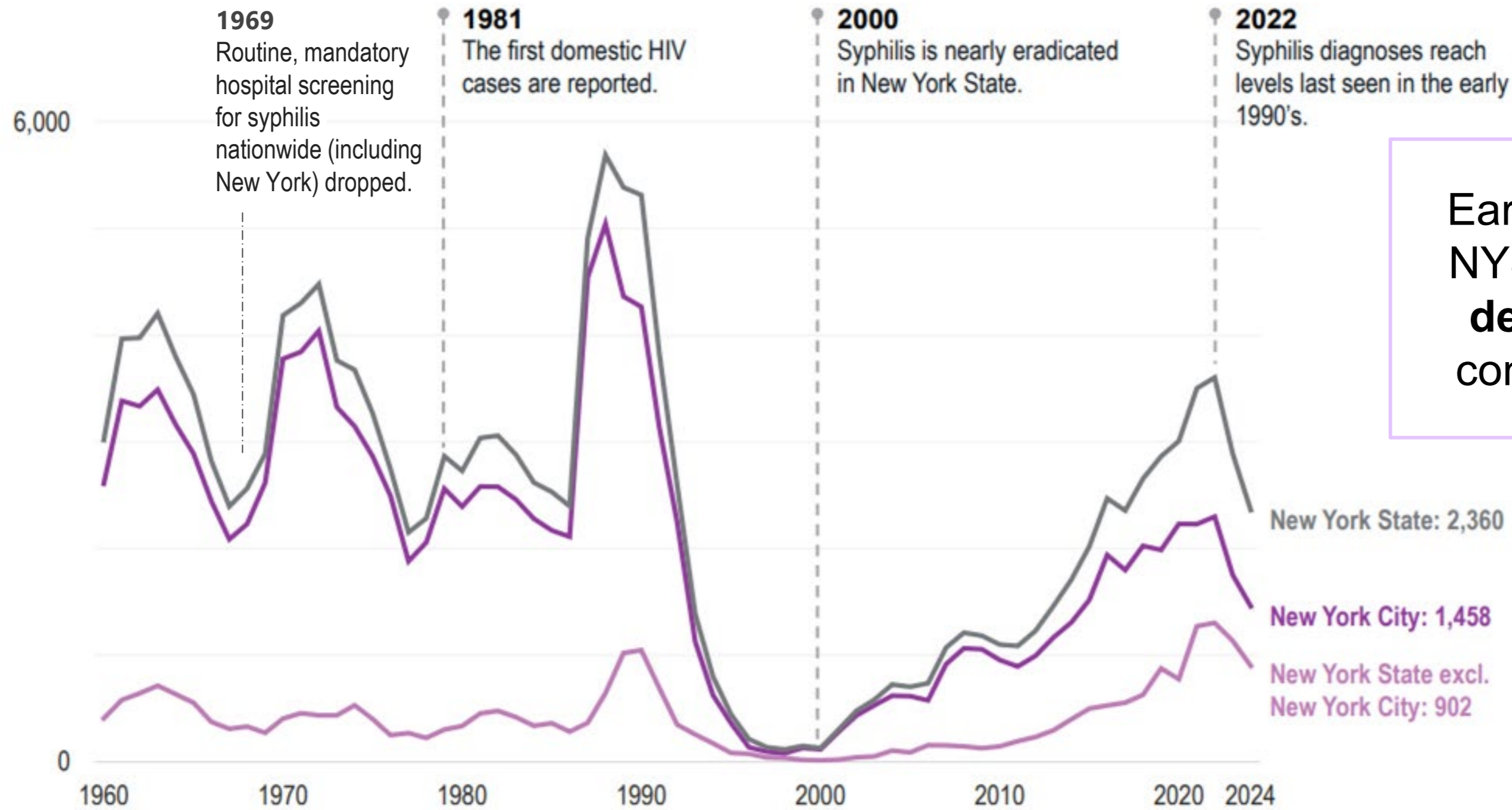
- Increases

- Congenital syphilis
- Mpox



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)

Historic primary & secondary syphilis in NYS, 1960-2024

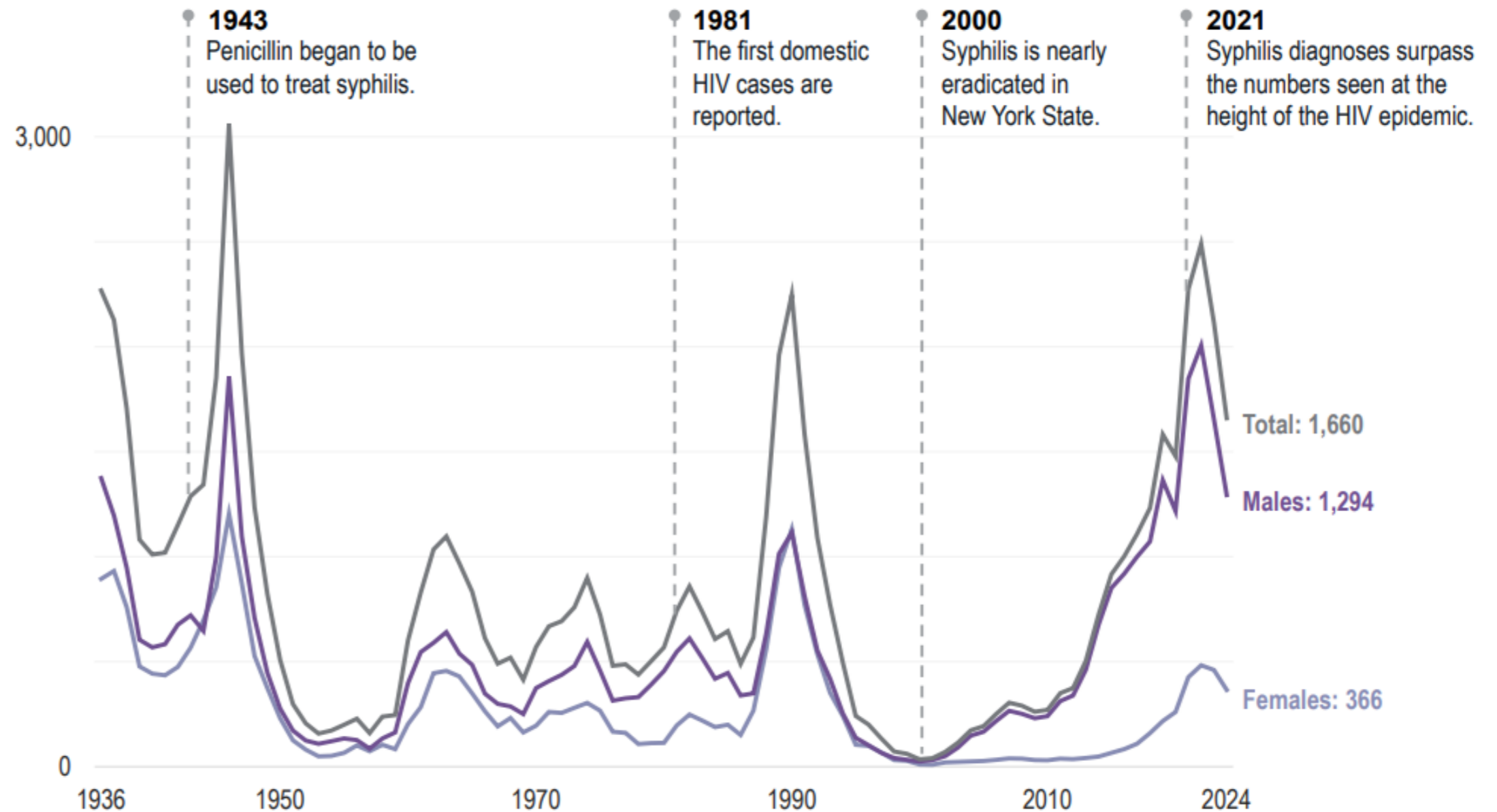


Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)

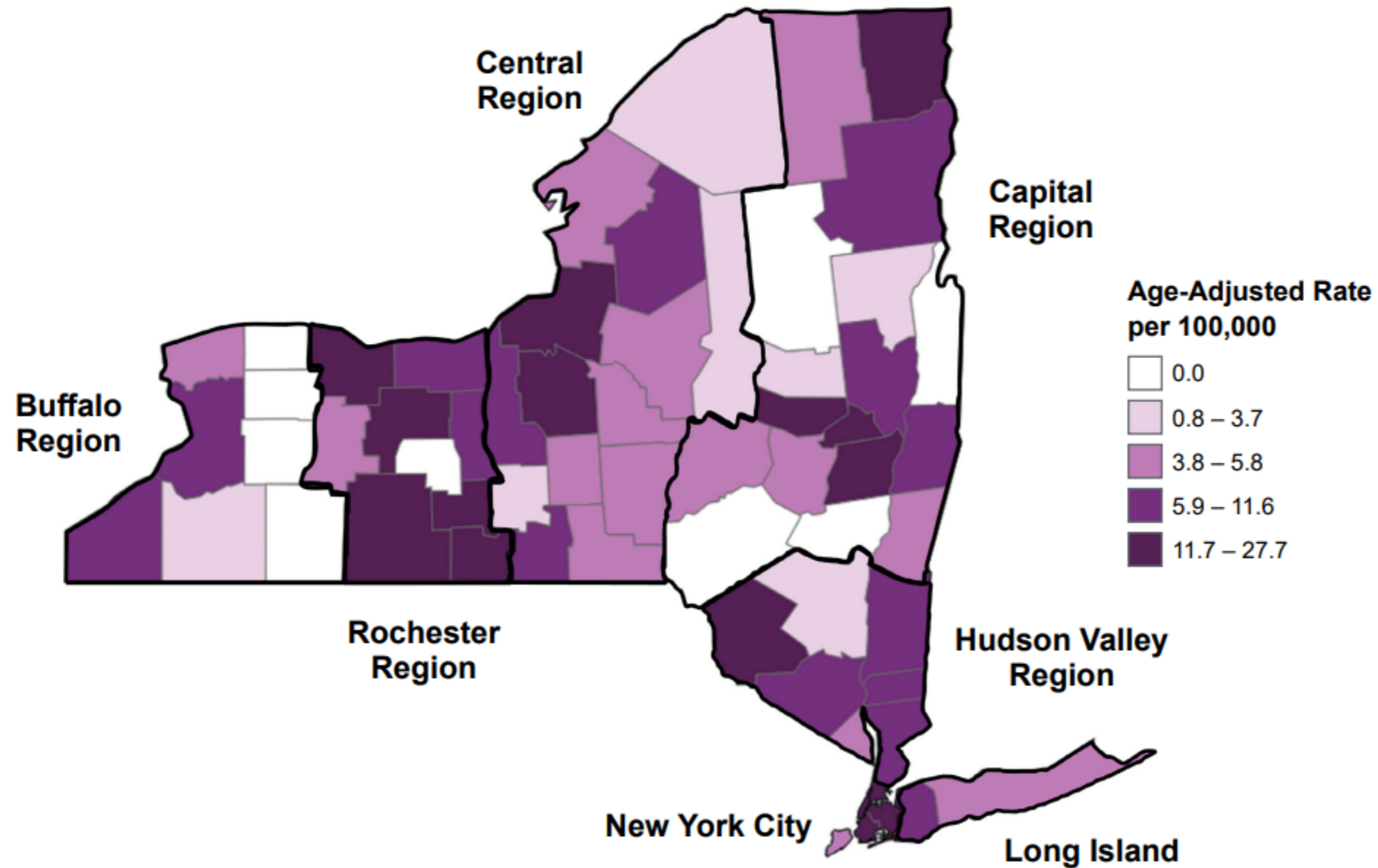


2024 primary and secondary syphilis trends

- **18% decrease** from 2023
- Rate among males was **5.8x greater** than females (age-adjusted)
- Highest rates among **30-34 yo** in both males and females



Geographic distribution of P&S syphilis rates, NYS counties, 2024

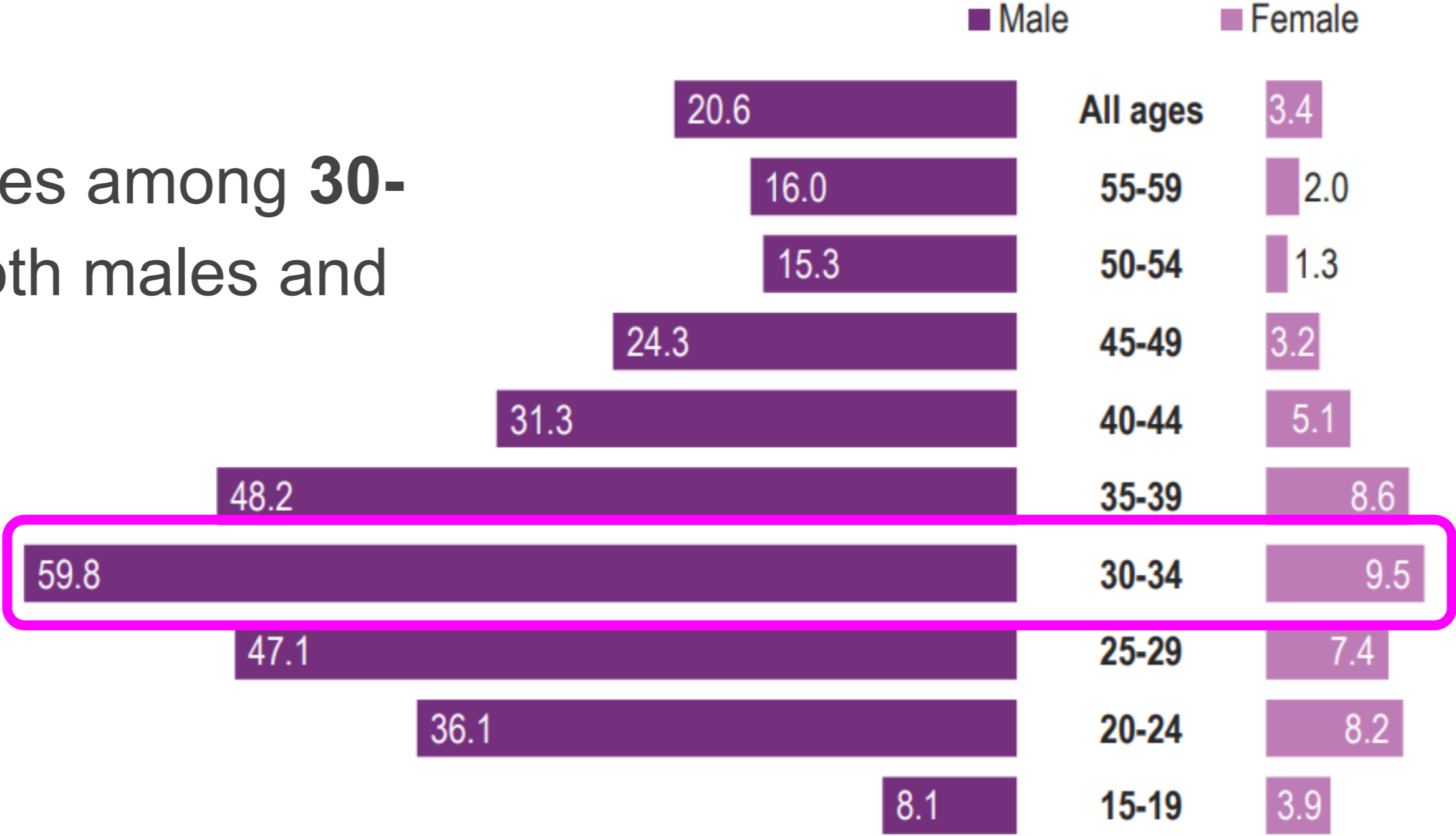


Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)



2024 primary and secondary syphilis trends by age

- Highest rates among **30-34 yo** in both males and females

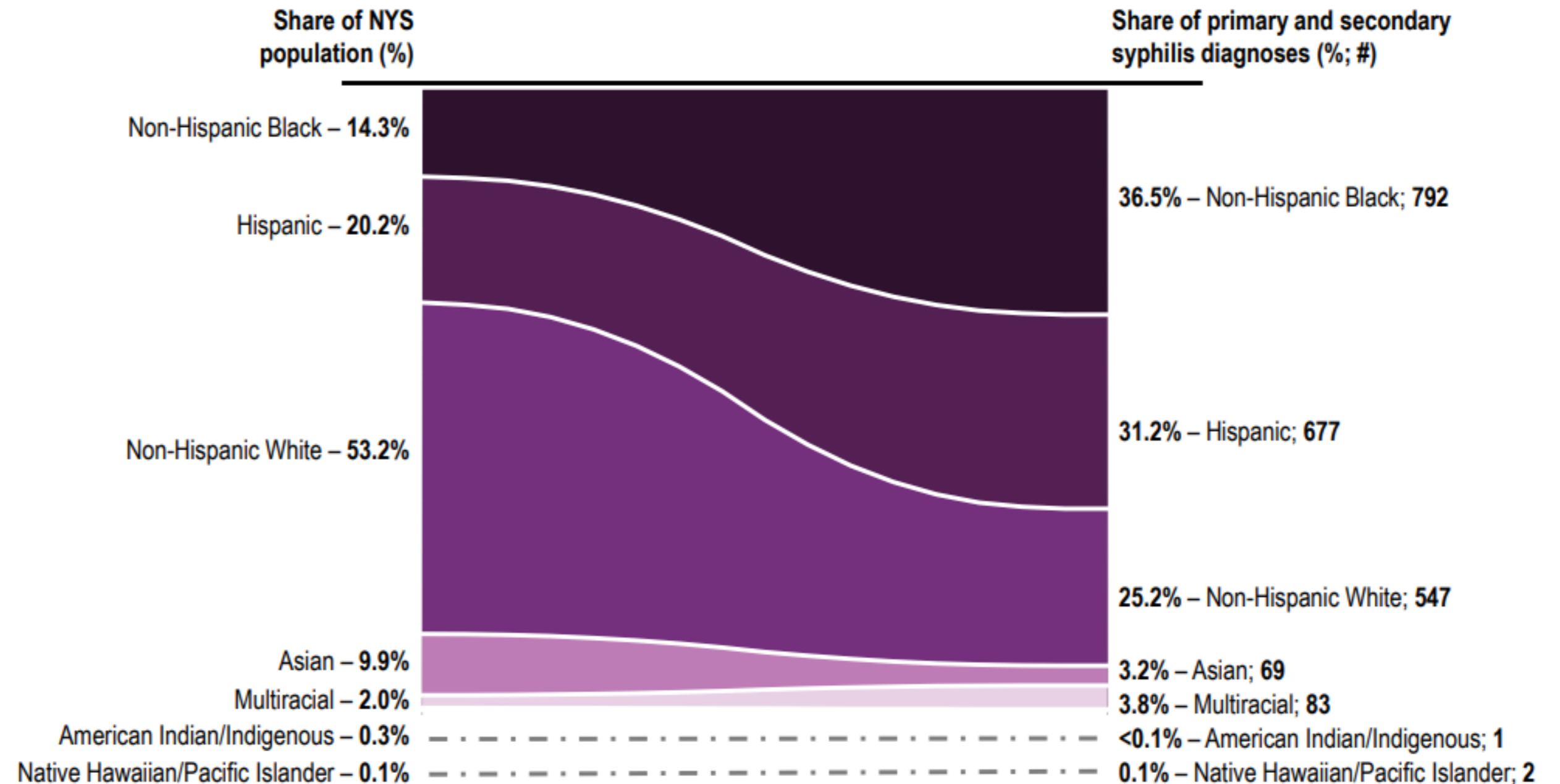


Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)



NYS population vs. share of P&S syphilis diagnoses in NYS, 2024

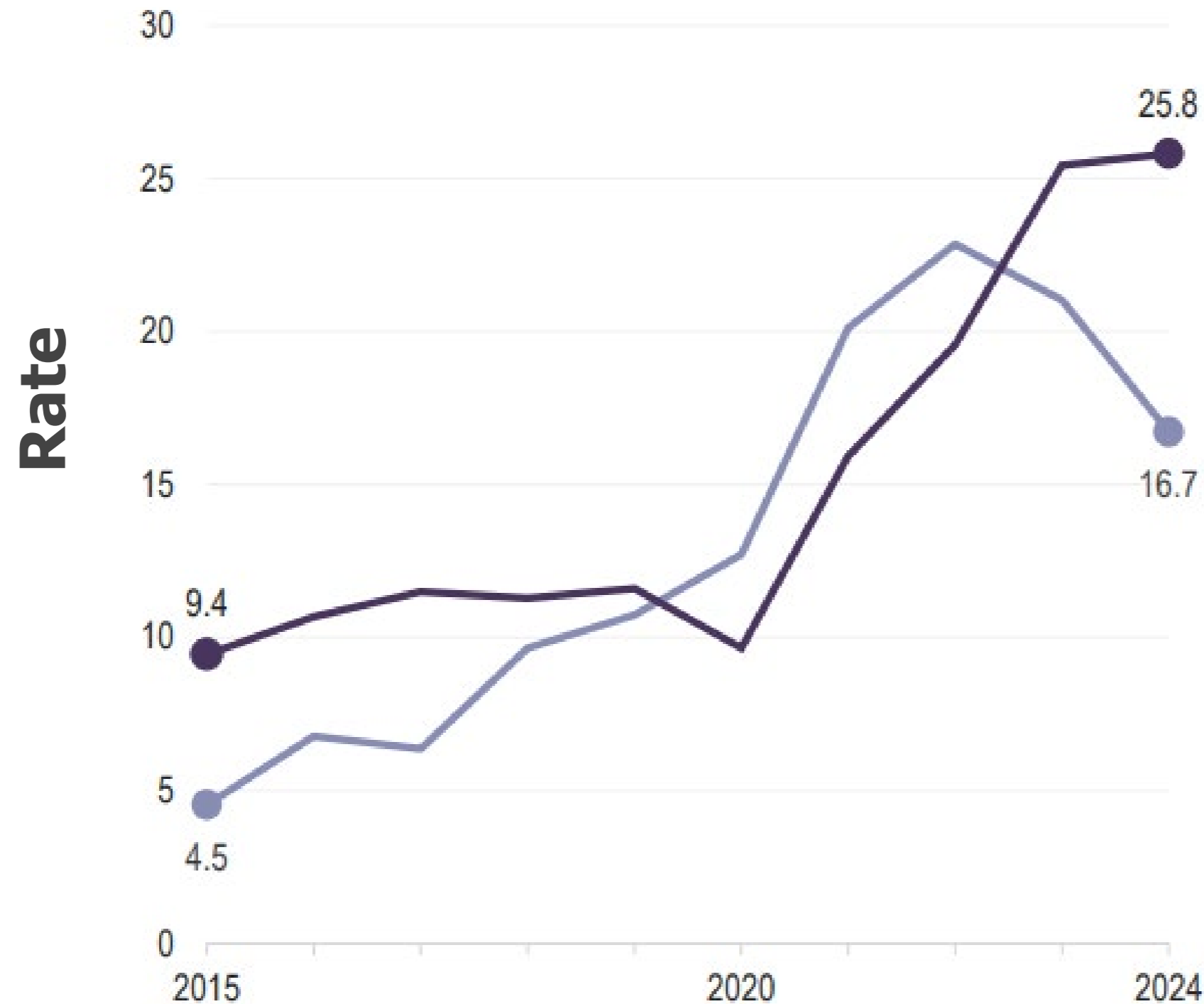
- P&S syphilis diagnoses in 2024 disproportionately impacted persons who are non-Hispanic Black, Hispanic, and Multiracial.
- If syphilis affected races and ethnicities equally, shares on both sides of the charts would be the same.



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)

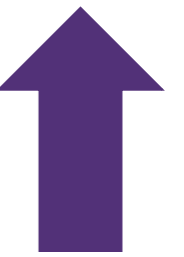


2024 NYS early and late syphilis among in females of reproductive age



Over the past two years:

● Late syphilis rates have increased



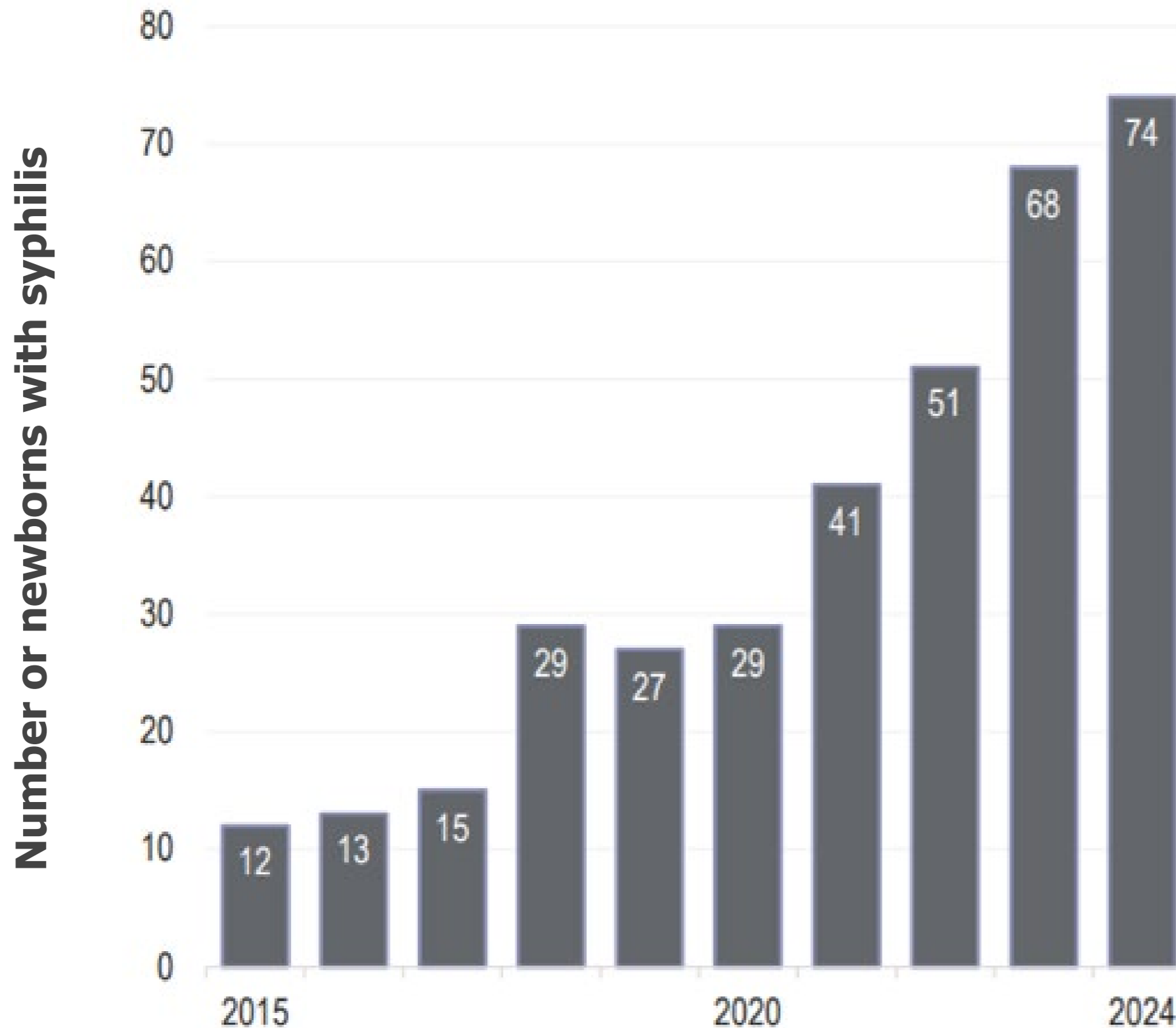
● Early syphilis rates have decreased



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#); Rates are per 100,000 persons. Includes those assigned female sex at birth aged 15–49 years.



2024 NYS congenital syphilis trends



In 2024, NYS had **74 newborn syphilis diagnoses.**

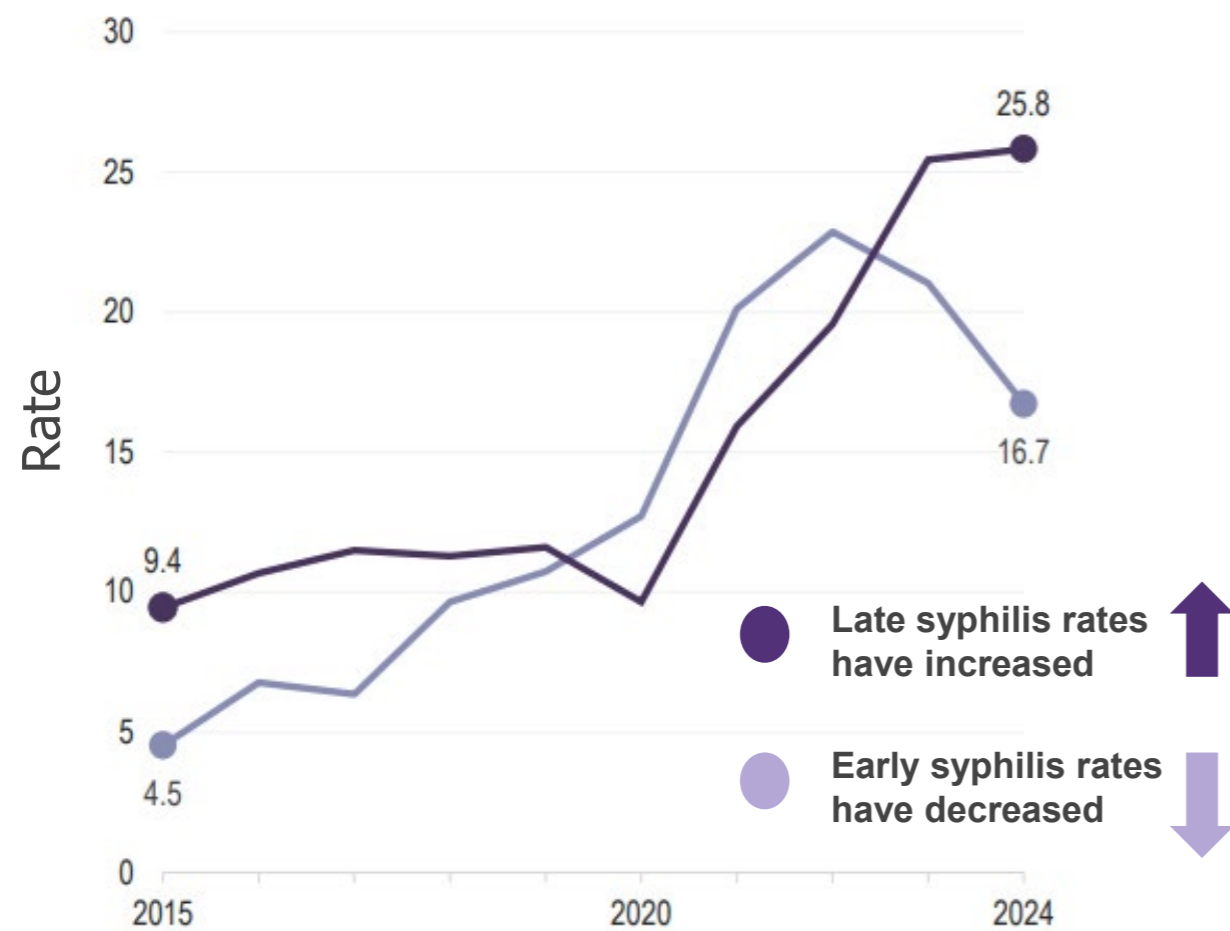
This was a **9% increase** from 2023, and **517% increase** from 2015.

Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#); Rates are per 100,000 persons. Includes those assigned female sex at birth aged 15–49 years.

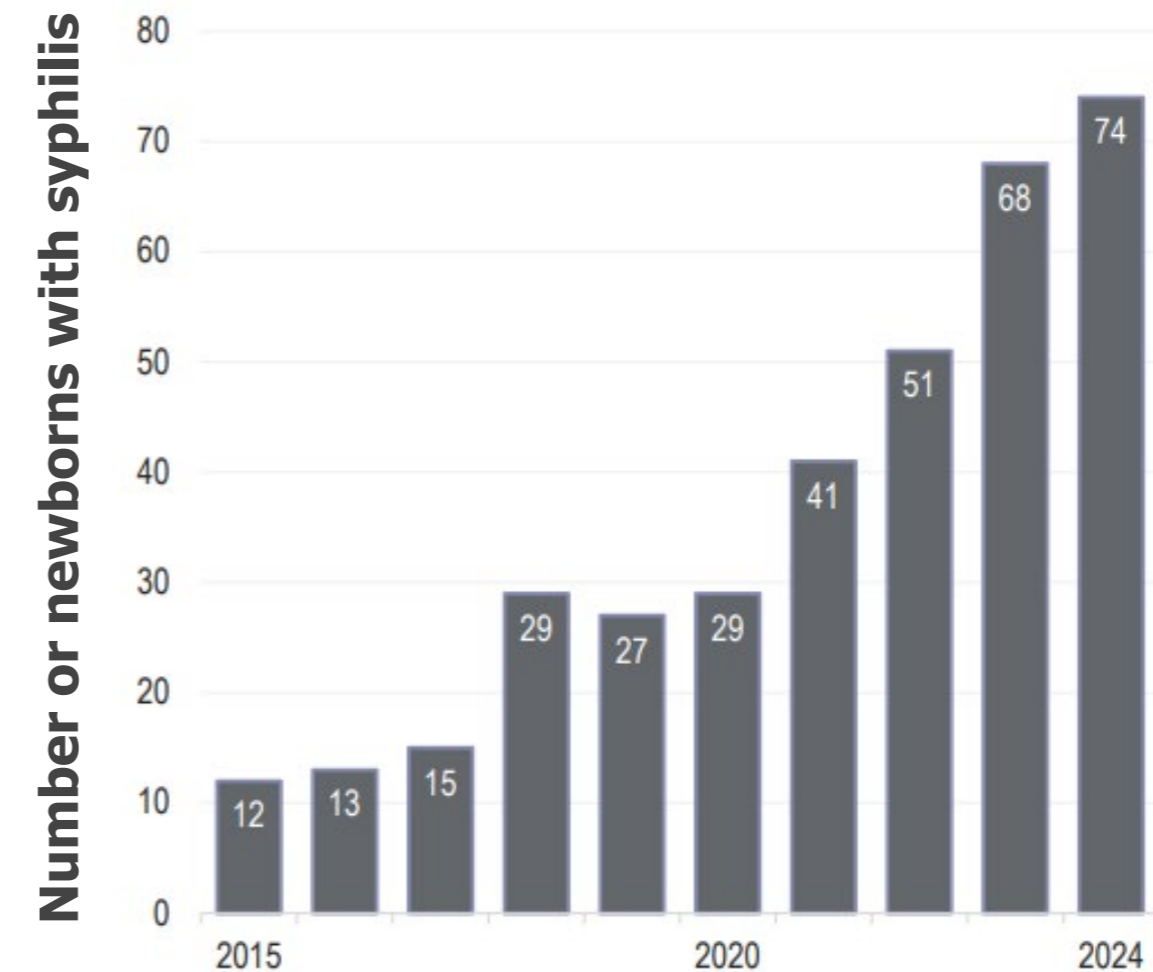


What's going on here? Why the increase in congenital syphilis when a decrease in early syphilis?

Rates of early and late syphilis among females of reproductive age



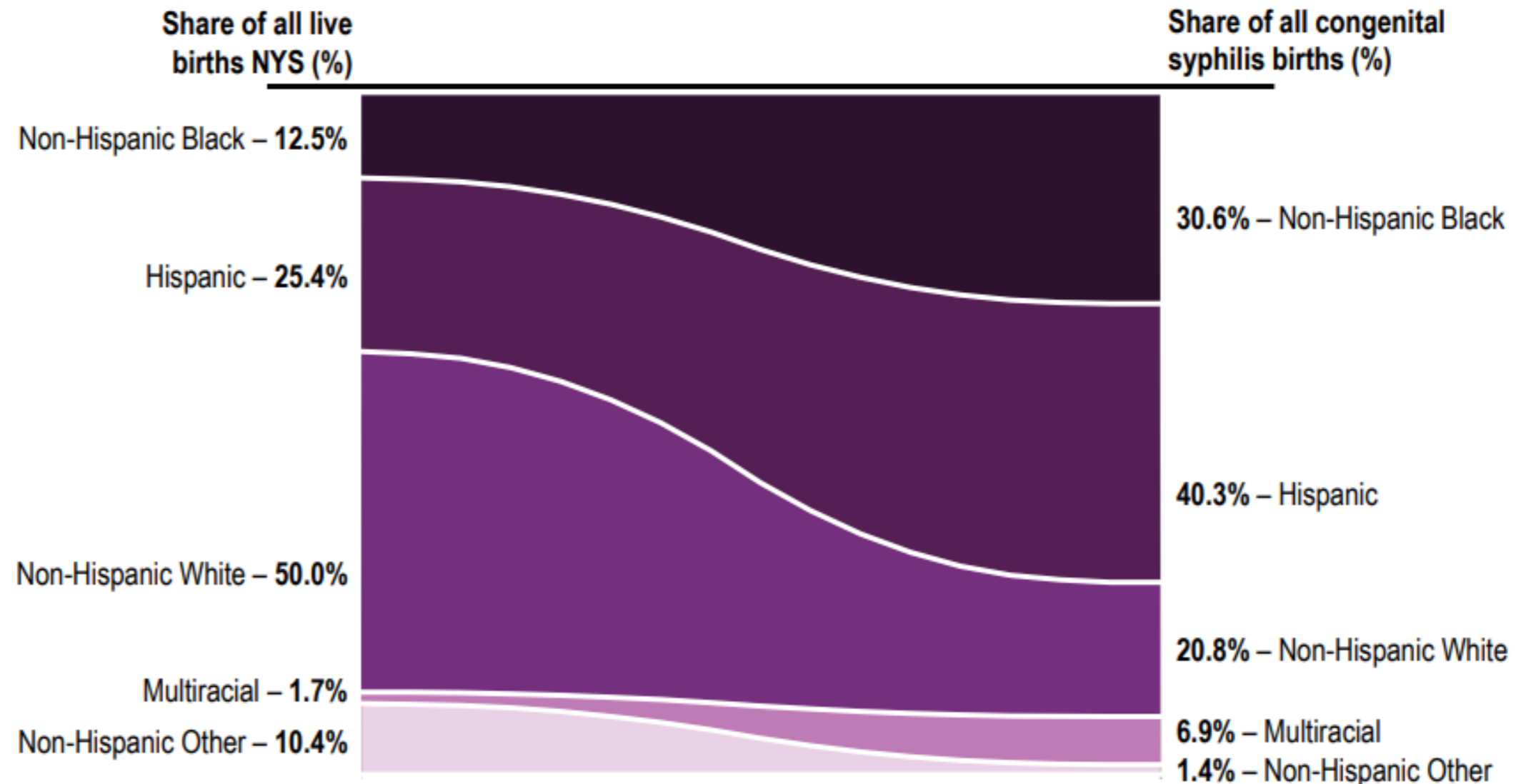
In 2024, NYS had 74 newborn syphilis diagnoses. This was a 9% increase from 2023, and 517% increase from 2015.



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)
 Rates are per 100,000 persons. Includes those assigned female sex at birth aged 15–49 years.

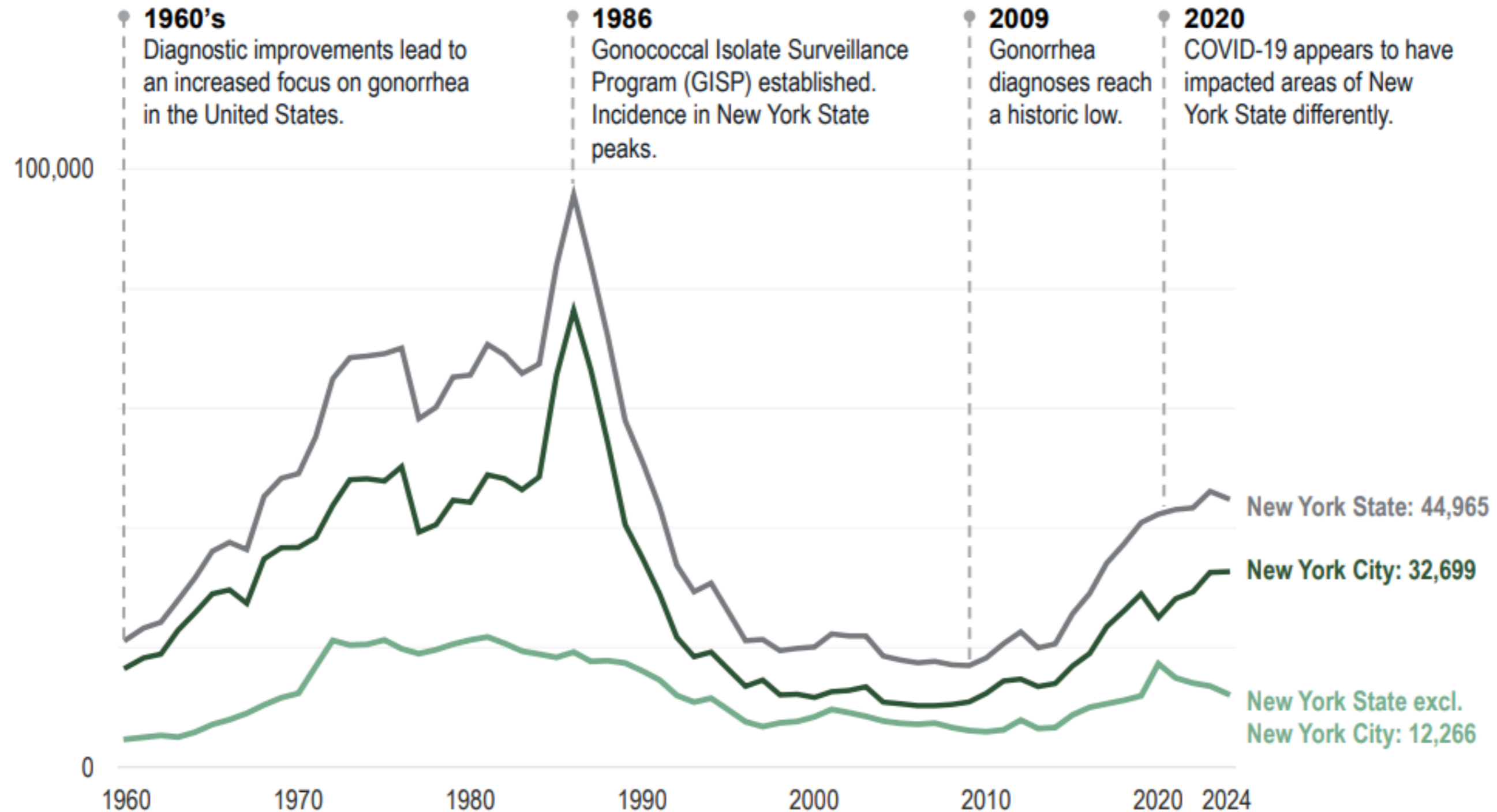
Share of all live births New York State vs. share of congenital syphilis births in New York State by race/ethnicity of birthing parent, 2024

- 2024 disproportionately impacted birthing parents who are non-Hispanic Black and Hispanic.
- If congenital syphilis affected races and ethnicities equally, shares on both sides of the charts would be the same.



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)

Historic gonorrhea diagnoses by New York State region, 1960–2024

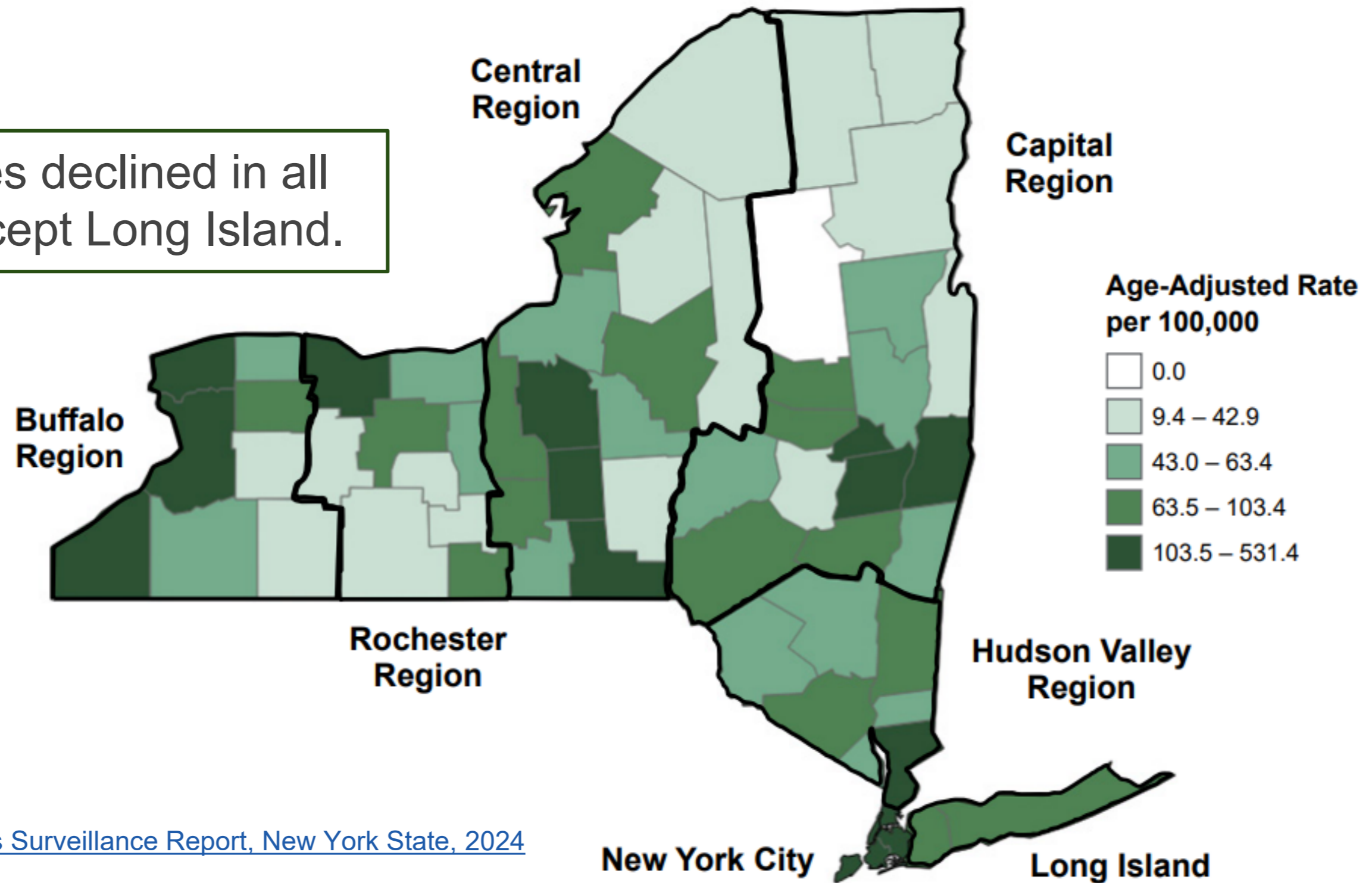


Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)



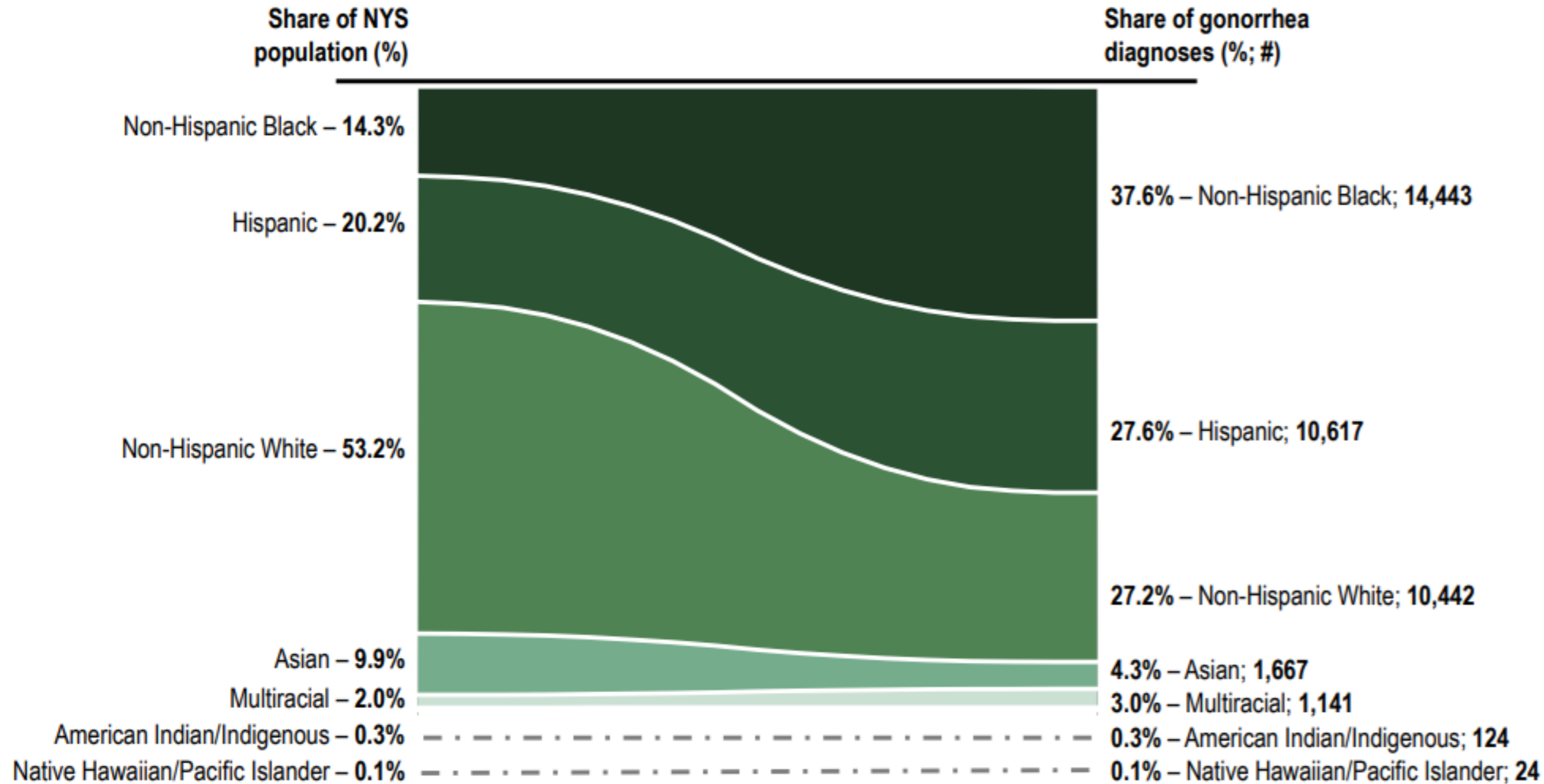
Geographic distribution of gonorrhea rates, NYS counties, 2024

In 2024, GC rates declined in all NYS regions except Long Island.



Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)

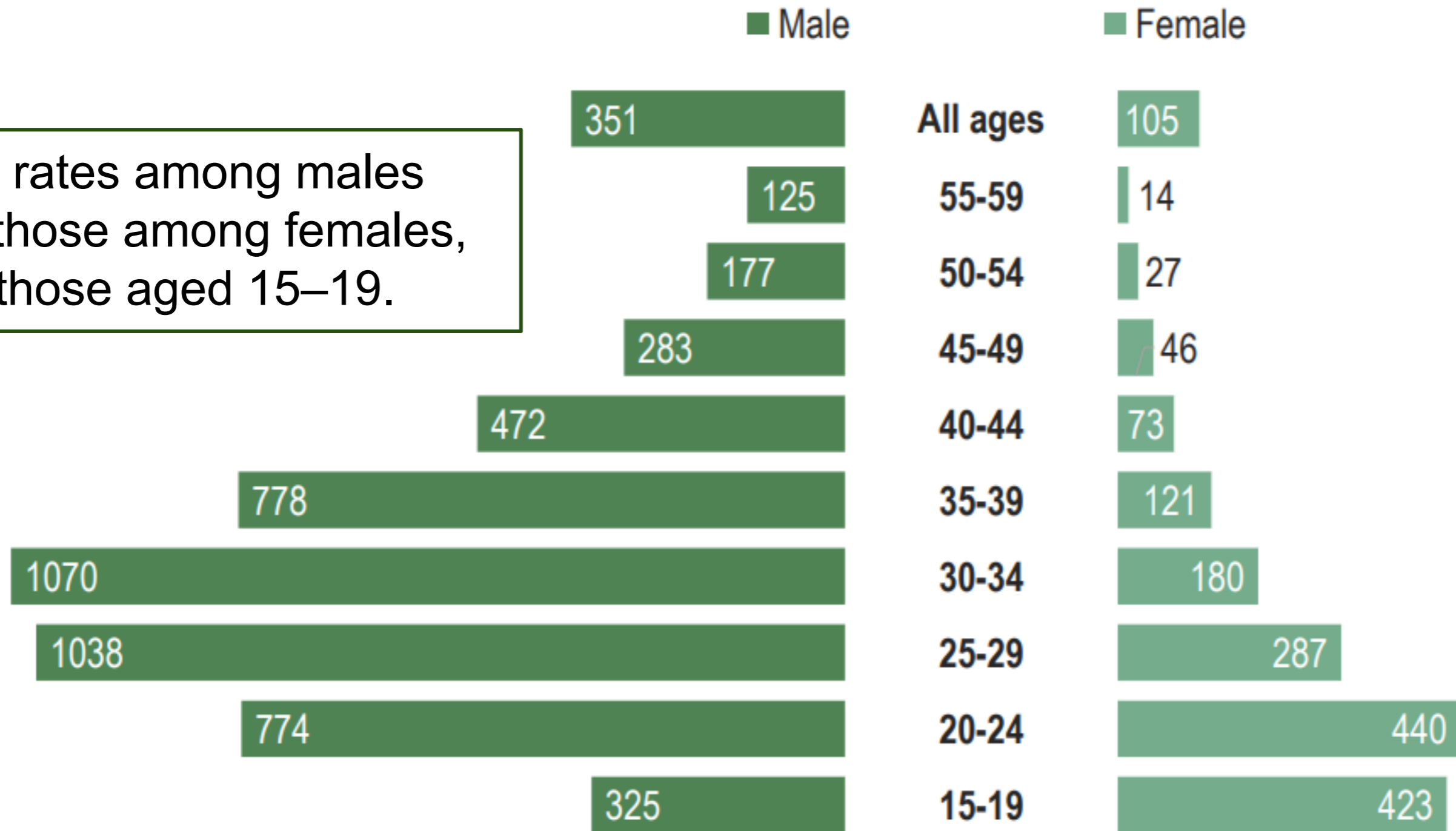
Share of NYS population vs. share of gonorrhea diagnoses in NYS, 2024



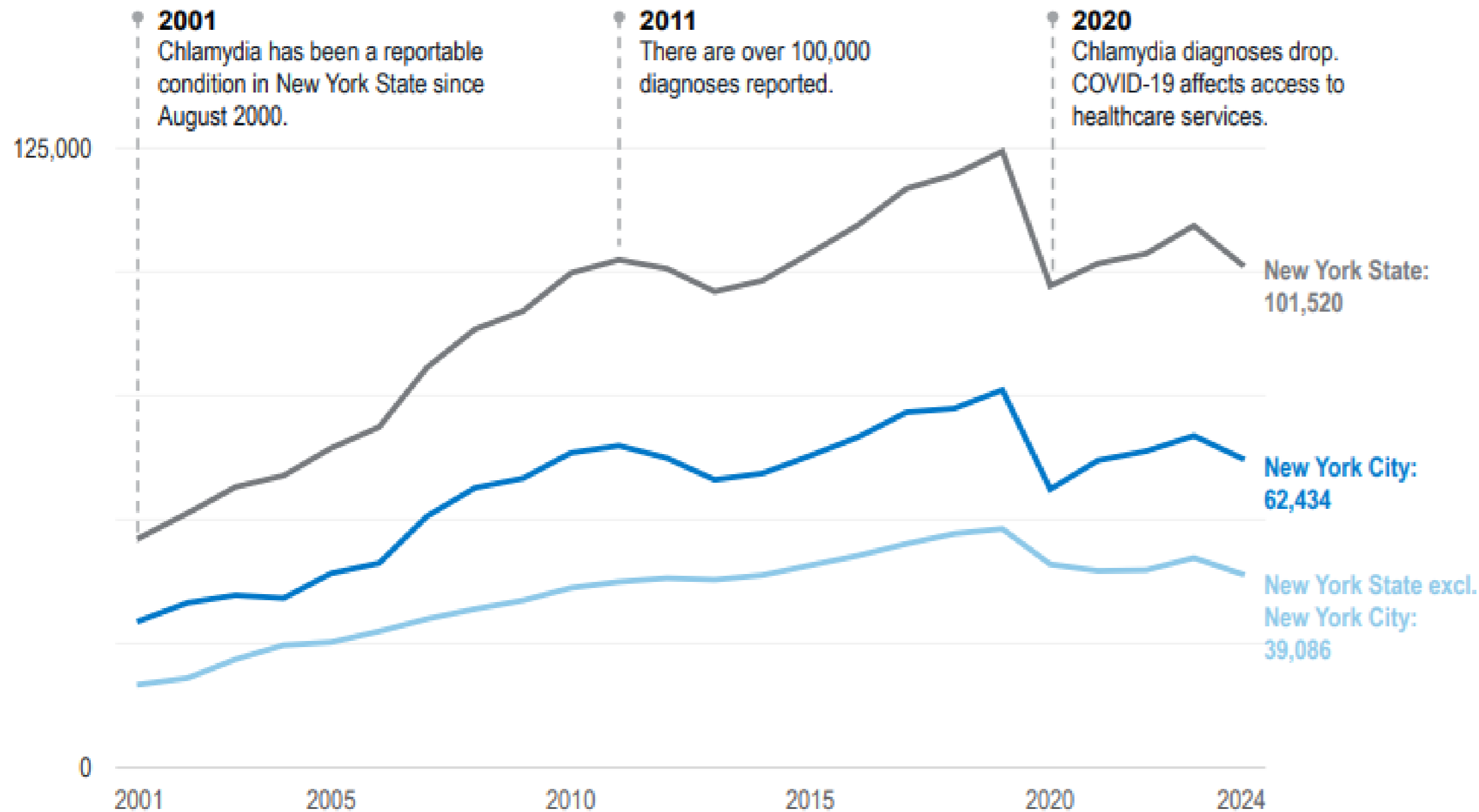
- 2024 disproportionately impacted persons who are non-Hispanic Black and Hispanic.
- If gonorrhea affected races and ethnicities equally, shares on both sides of the charts would be the same.

Gonorrhea rates by age and sex at birth, NYS, 2024

Gonorrhea rates among males exceeded those among females, except for those aged 15–19.

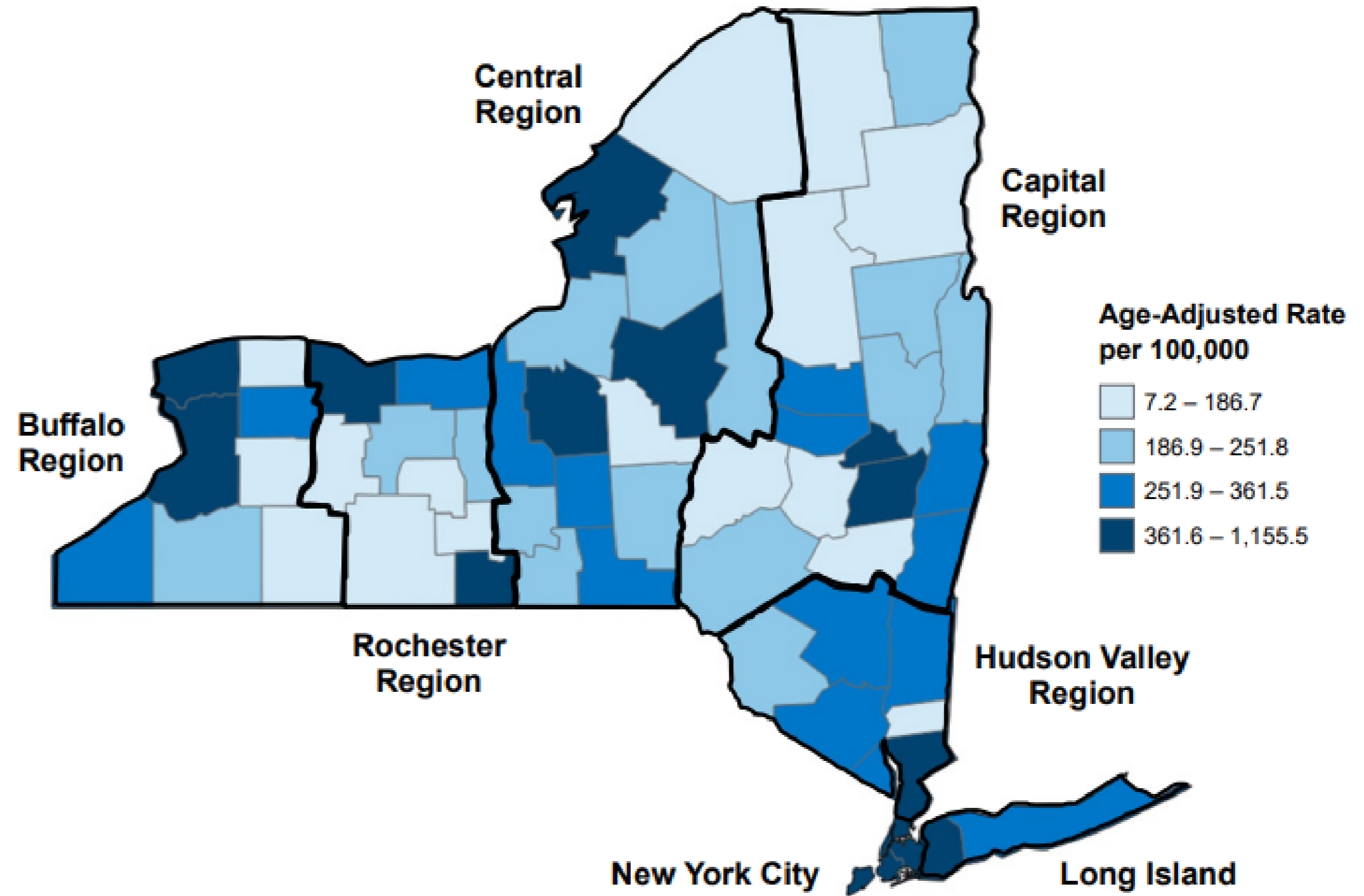


Historic chlamydia diagnoses by NYS region, 2001 - 2024

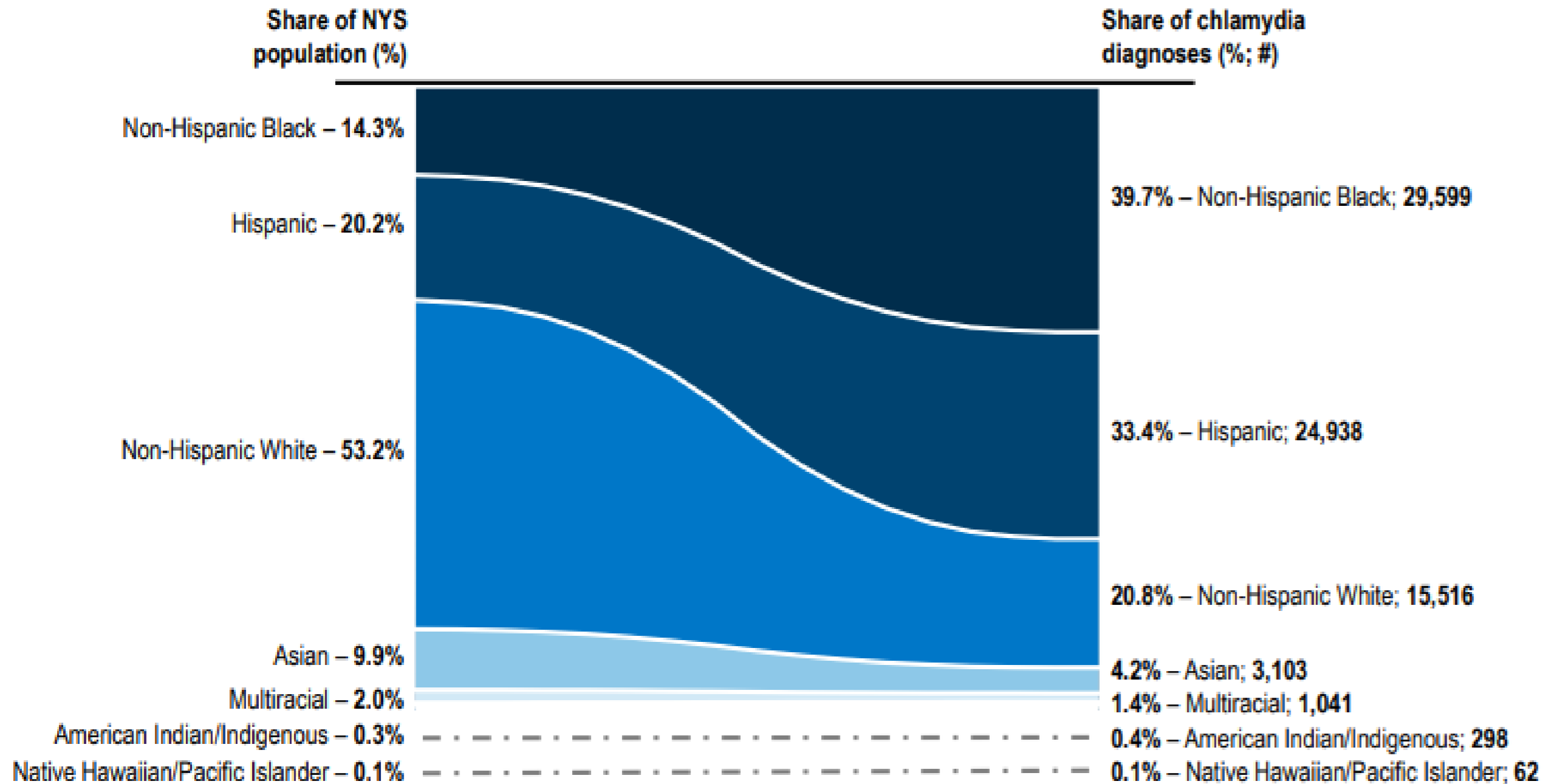


In 2024, the number of chlamydia diagnoses in NYS declined for the first time since 2020.

Geographic distribution of chlamydia rates, NYS counties, 2024

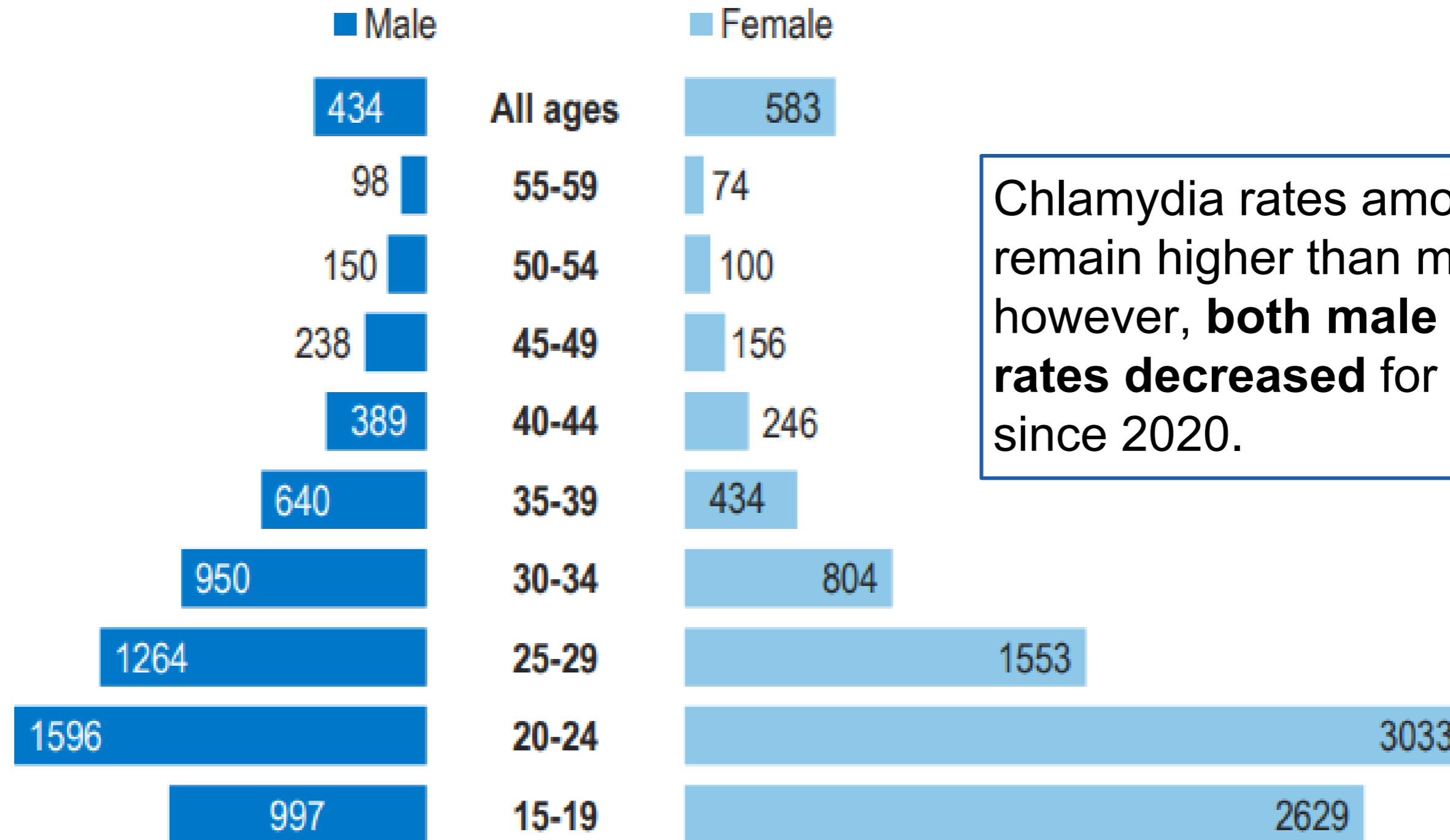


Share of NYS population vs. share of chlamydia diagnoses in NYS, 2024



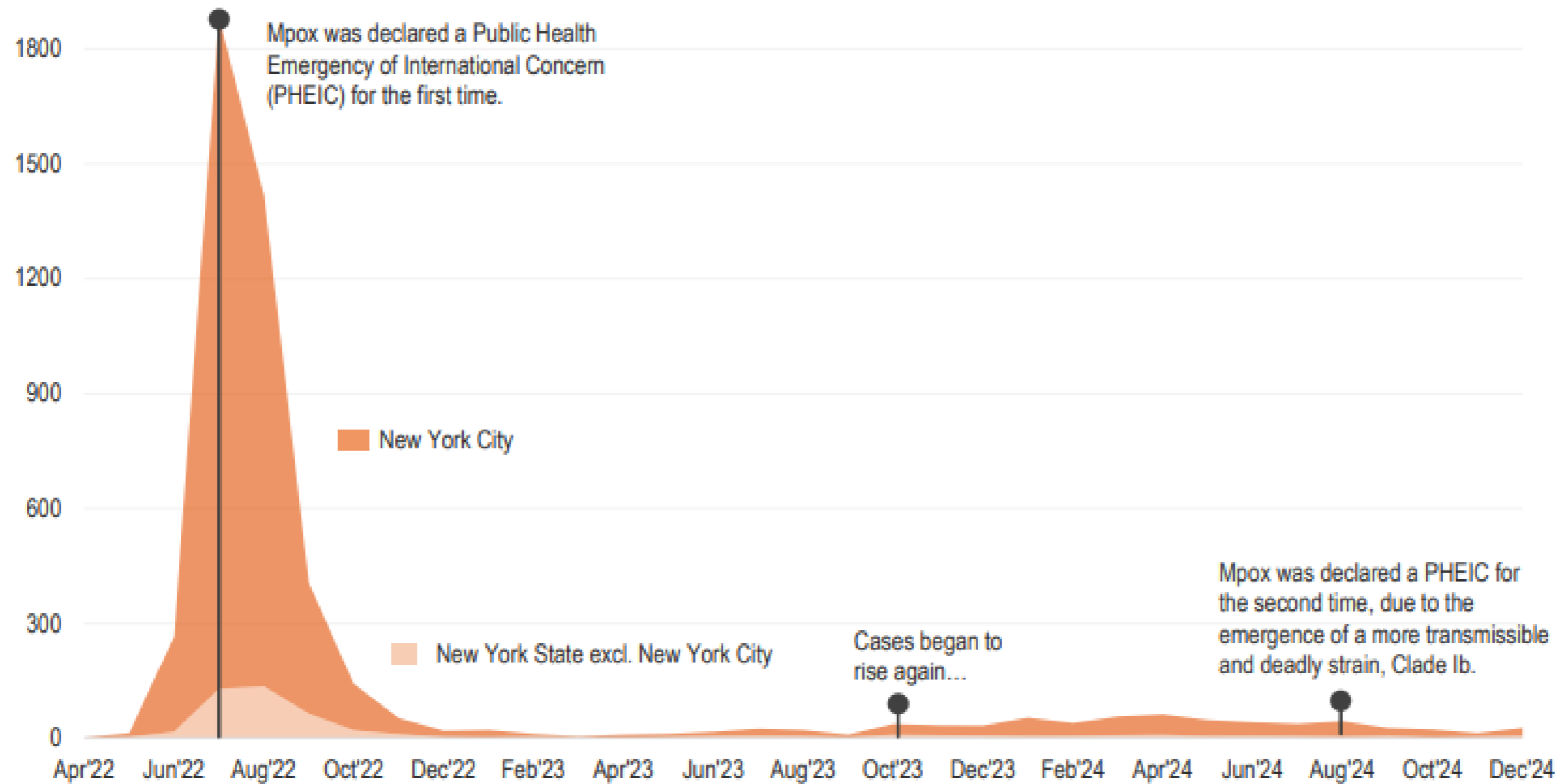
- 2024 disproportionately impacted persons who are non-Hispanic Black and Hispanic.
- If chlamydia affected races and ethnicities equally, shares on both sides of the charts would be the same.

Chlamydia rates by age and sex at birth, NYS, 2024



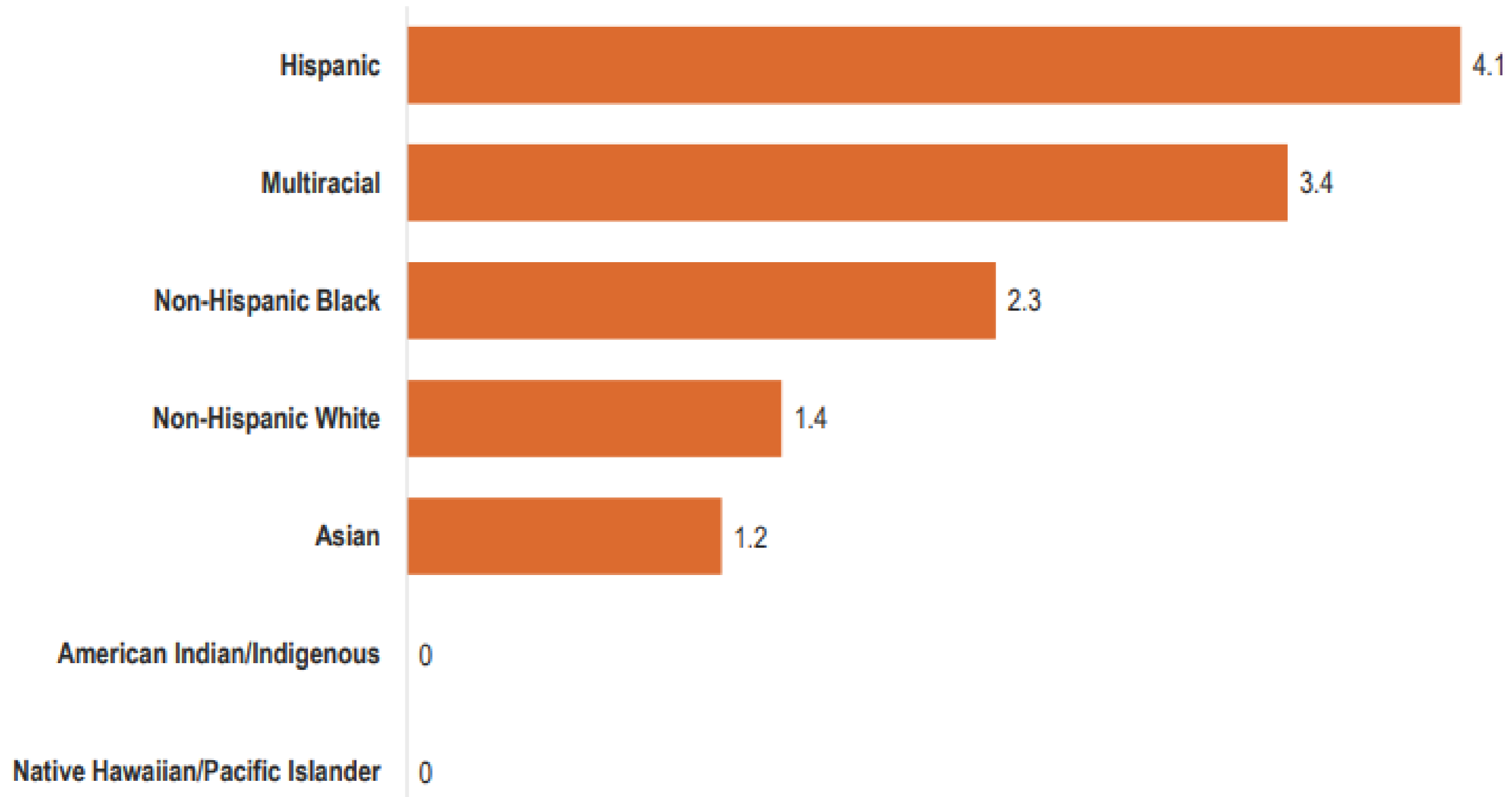
Chlamydia rates among females remain higher than males, however, **both male and female rates decreased** for the first time since 2020.

Monthly summary of mpox diagnoses, New York City vs. New York State excl. New York City, 2022–2024



Cumulative diagnoses (2022-2024): 4,889

Mpox rates by race/ethnicity, New York State, 2024

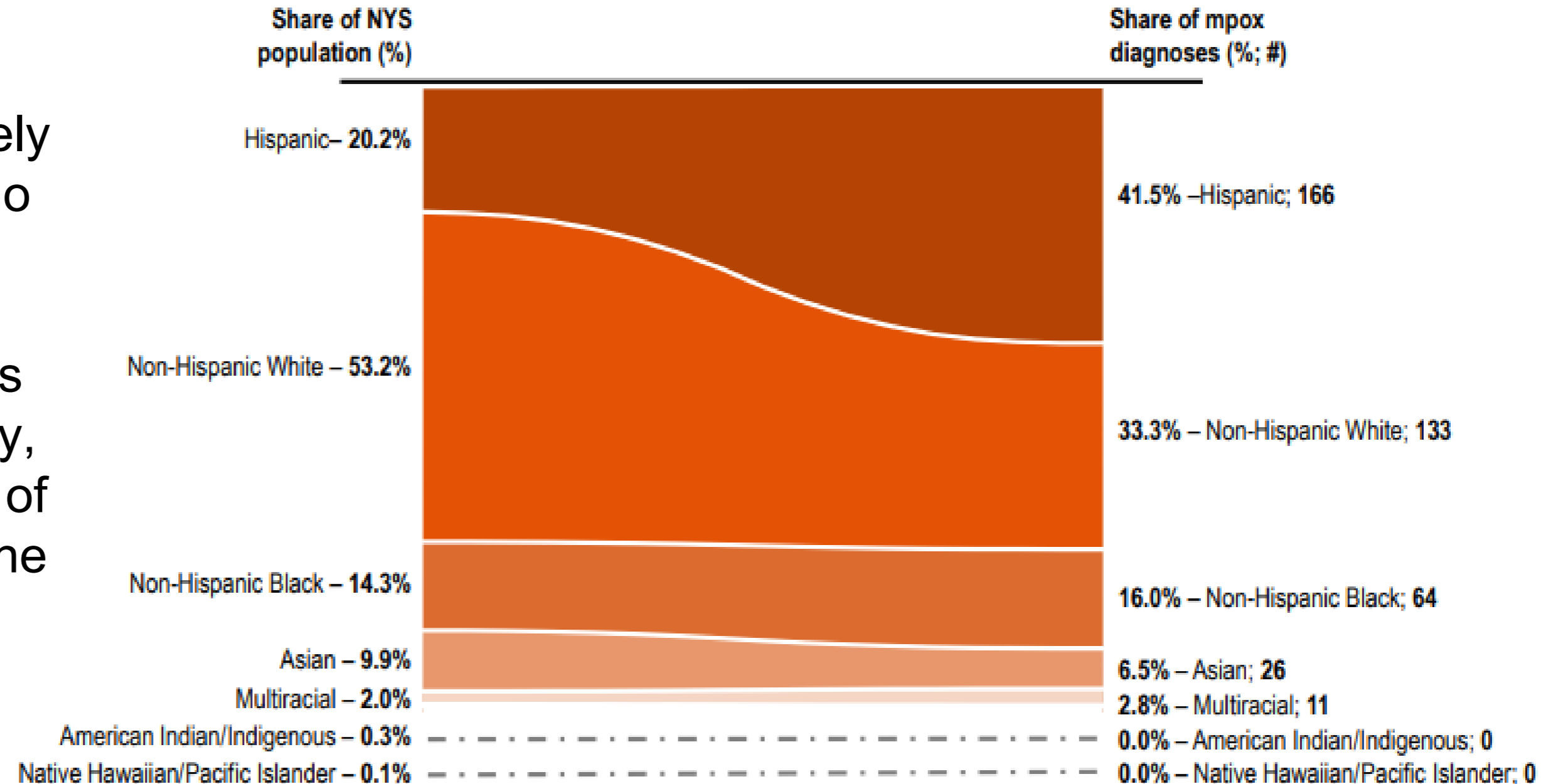


Source(s): [Sexually Transmitted Infections Surveillance Report, New York State, 2024](#)



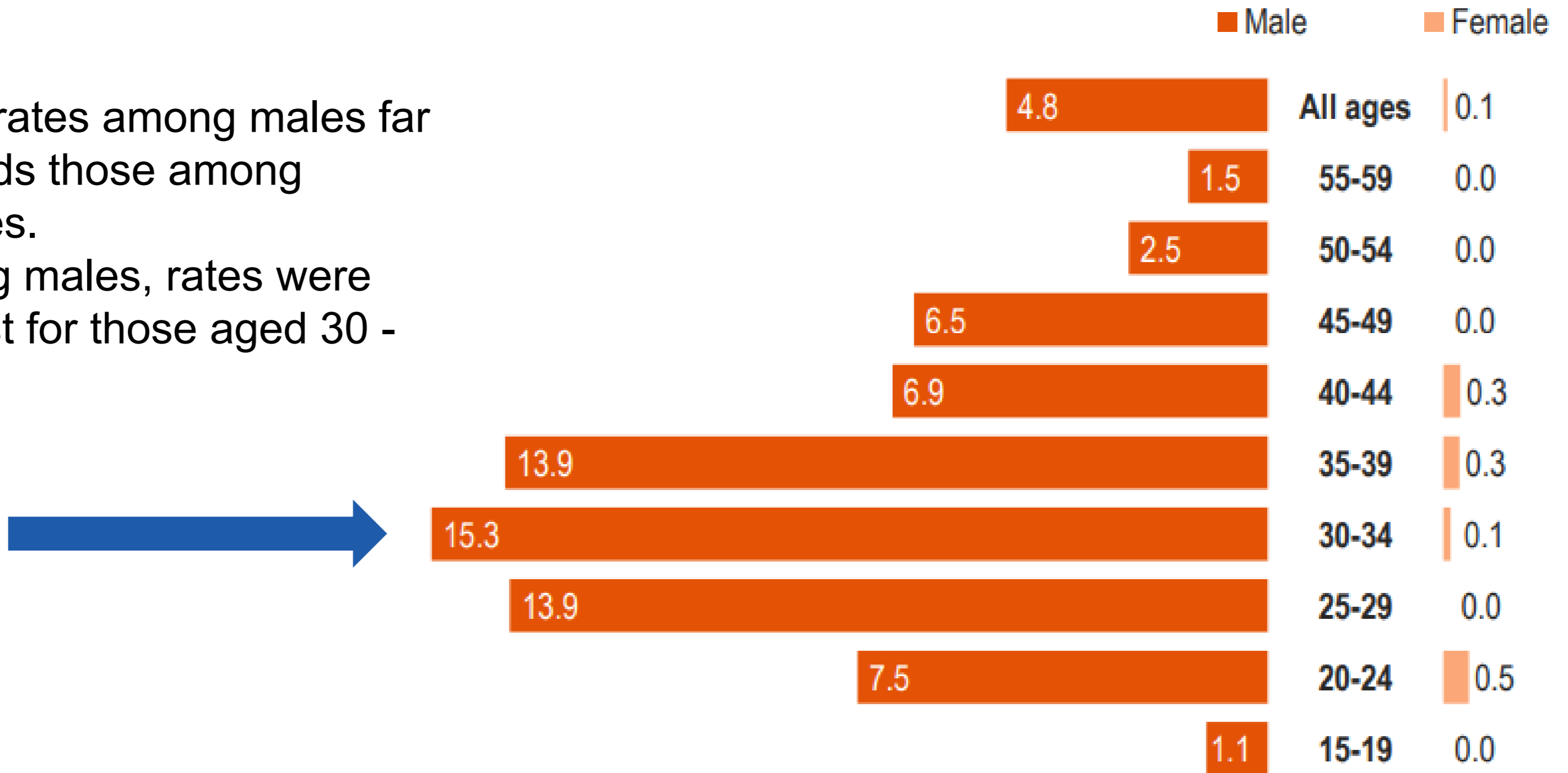
Share of New York State population vs. share of mpox diagnoses in New York State, 2024

- 2024 disproportionately impacted persons who are Hispanic.
- If mpox affected races and ethnicities equally, shares on both sides of the charts would be the same.



Mpox rates by age and sex at birth, New York State, 2024

- Mpox rates among males far exceeds those among females.
- Among males, rates were highest for those aged 30 - 34.



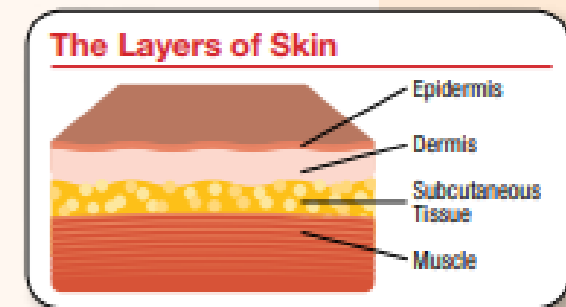
Mpox vaccine

- Prevents new infections and reduces the severity of those infected
- Vaccine is commercially available at pharmacies
- Resources in chat:
 - CDC's guidance on mpox
 - NYC guidance on administration

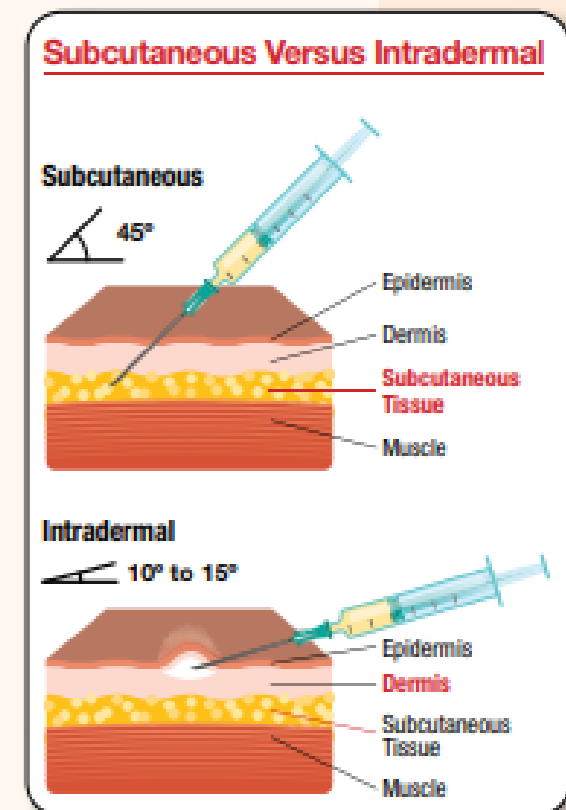
Administration of the JYNNEOS Vaccine

Two Types of JYNNEOS Vaccine Administration

The JYNNEOS vaccine to protect against mpox (previously referred to as monkeypox) can be given in two ways: subcutaneously or intradermally. The same vaccine is used for both types of administration, but intradermal administration uses a smaller dose (one-fifth of what is needed for subcutaneous administration). Because of this, giving the vaccine intradermally may allow more people to get vaccinated.



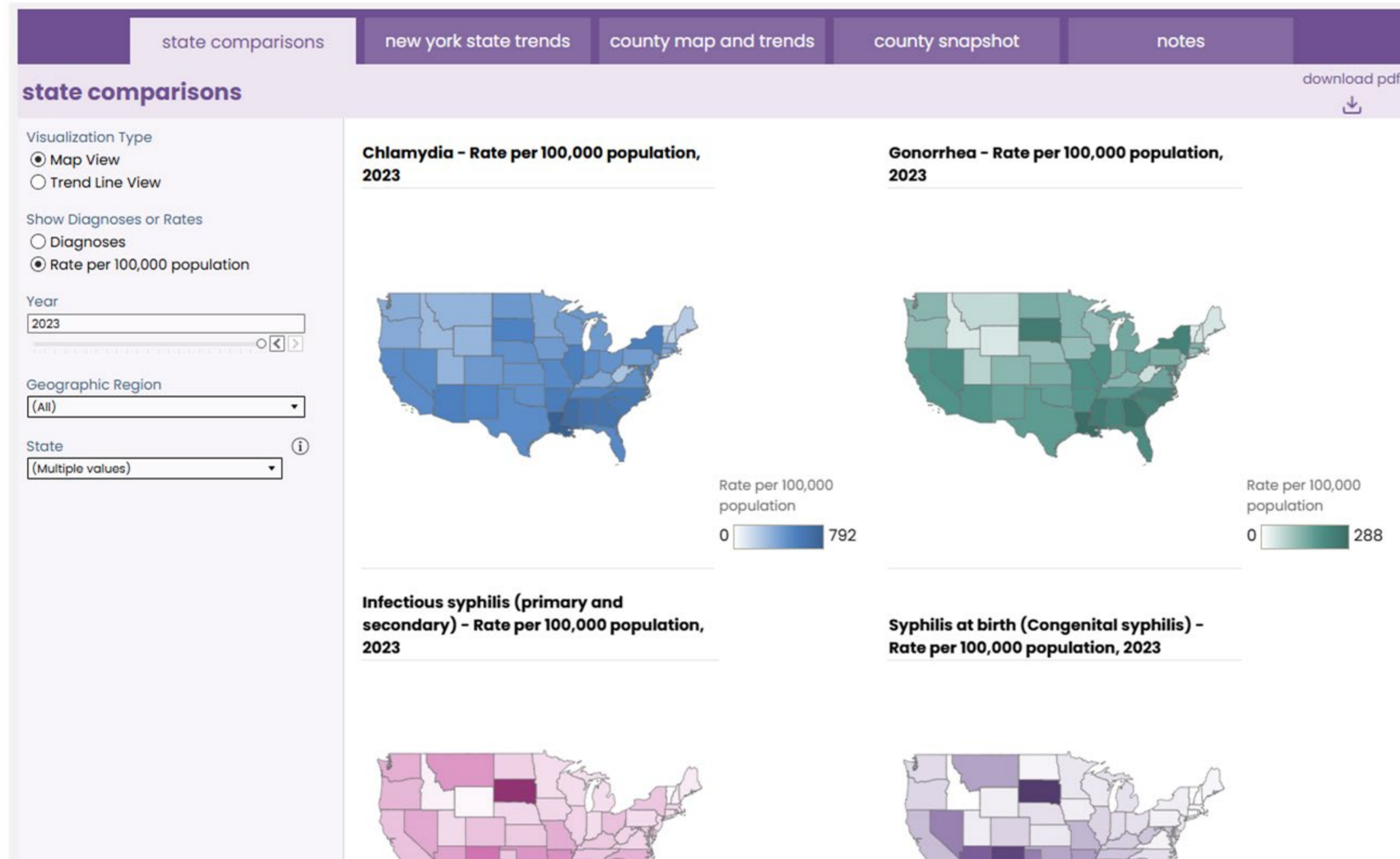
- With **subcutaneous administration**, the vaccine is injected into the deepest layer of skin, the fatty subcutaneous tissue. This is how many other vaccines are given, including the chickenpox and measles, mumps and rubella (MMR) vaccines. The subcutaneous JYNNEOS shot is usually given in the upper arm.
- With **intradermal administration**, the vaccine is injected into an outer layer of skin, called the dermis. The needle is held at a low angle, close to the skin. The dermis has a high number of cells that stimulate the immune response compared to fatty subcutaneous tissue, which means a smaller dose of vaccine can be given to get similar protection. Intradermal injections are commonly used to test for tuberculosis and allergies.



Side Effects

Tiredness, headache and muscle pain can occur after both subcutaneous and intradermal JYNNEOS vaccination. Both types of vaccination commonly cause redness, swelling, soreness and itchiness at the injection site; however, these reactions are usually worse and last longer with intradermal administration. In one study, almost all people receiving the vaccine intradermally had severe redness and swelling (more than about one inch in size), and about one-third of them had mild redness or discoloration at the injection site lasting six months or longer.

NYS STI data dashboard tour



Go to <https://www.stidashboardny.org/>



Poll 2: What is your experience acquiring penicillin G?

- A. No shortage - it's readily available
- B. Intermittent - experienced occasional delays
- C. Regular shortage - significant difficulty accessing the medication
- D. I don't know

CDC's Dear Colleague Letter - March 10, 2026

- Allowing temporary importation of lentocilin - see NNPTC [infosheet for clinicians](#)
- CDC recommendations:
 - Take inventory of benzathine penicillin G (BPG)
 - Prioritize using BPG for treating syphilis in patients who are pregnant
 - Accurately stage syphilis cases to ensure appropriate use of antimicrobials
 - Communicate with healthcare providers and pharmacists
 - Notify Division of STD Prevention and FDA of any shortage of BPG at stdshortages@cdc.gov

Penicillin G benzathine update from manufacturer

Estimated delivery and recover timelines:

Unit of Sale NDC	Product Description	Estimated Next Delivery	Estimated Recovery
60793-0701-10	Bicillin® L-A (penicillin G benzathine injectable suspension) 1.2 million Units/2 mL (600,000 units/mL) Prefilled Syringe	July 2026	Q4 2026
60793-0702-10	Bicillin® L-A (penicillin G benzathine injectable suspension) 2.4 million Units/4 mL (600,000 units/mL) Prefilled Syringe	July 2026	Q4 2026
60793-0700-10	Bicillin® L-A (penicillin G benzathine injectable suspension) Pediatric 600,000 Units/mL Prefilled Syringe	December 2026	Q4 2026

If product cannot be accessed, go through Pfizer's Medical Request Process:

- Fill out the [Medical Request Form](#)
- Email the completed form to PISupplyContinuity@pfizer.com

Treatment for syphilis

- Preserve BPG to treat pregnant patients with syphilis
- Doxycycline for non-pregnant people
 - Early syphilis: doxycycline 100 mg orally twice a day x 14 days
 - Late latent or unknown duration: doxycycline 100 mg orally twice a day x 28 days
- Accurately state syphilis to ensure appropriate use of antimicrobials
 - Thorough exam
 - Prior syphilis serologic test results
 - Reviewing s/sx and sexual partner history

Clinical Resources

- CEI - [Syphilis During Pregnancy Toolkit](#)
- CEI - [Doxy-PEP Implementation Guide](#)
- CEI Clinical Consultation Phone Line: 1-866-637-2342
- Denver Prevention Training Center - [Syphilis Lab Interpretation Quick Reference](#)
- National STD Curriculum - [Syphilis](#)
- STD Clinical Consultation Network - www.stdccn.org

Additional resources shared during session

- [Office of Sexual Health and Epidemiology \(OSHE\)](#)
- [NYS STI Surveillance Report, 2024](#)
- [NYS Doxy-PEP Resources](#)
- [CEI Doxy-PEP Implementation Guide for Clinicians](#)
- [CDC's Mpox vaccine guidance](#)
- [NYC mpox vaccine administration guidance](#)
- NNPTC's [Lentocilin infosheet for clinicians](#)
- Notify Division of STD Prevention and FDA of any shortage of BPG at stdshortages@cdc.gov

Be in touch!

- Sign up for the NYS Family Planning Training Center [eNews](#)
- Need clinical resources? Email Allison at allison.finkenbinder@jsi.org

Q & A



Gonorrhea treatment updates

Medications	Nuzolvence (zoliflodacin)	^Blujepa (gepotidacin)
Efficacy	*91%	*93% cure rate
Eligibility Criteria	<ul style="list-style-type: none"> • Adults and children 12 years and older • Must weigh \geq 77 lbs 	<ul style="list-style-type: none"> • Adults and children 12 years and older • Must weigh \geq 99 lbs
Clinical/Safety Profile	Do not use in pregnancy; Obtain pregnancy test if person treated has potential to be pregnant; Counsel males about potential for decreased fertility; Use contraception for 3 months after treatment	Restricted use: for patients with few or no other treatment choices due to limited clinical safety data QT prolongation potential Do not use in pregnancy or if breastfeeding

*compared to standard ceftriaxone with or without azithromycin treatment

^First approved in March 2025 for UTIs



*Gonorrhea treatment updates, cont

FDA approvals for uncomplicated urogenital GC treatment

Medications	Nuzolvence (zoliflodacin)	^Blujepa (gepotidacin)
Dosage	3 gram dose once by mouth	Take four 750 mg pills by mouth, then 12 hours later, take another four 750 mg tabs by mouth. Total 8 tablets.
Formulation	Granules dissolved in water	Oral tablets
Patient education	Common side effects: low WBC, HA, dizziness, nausea, diarrhea	Side effects - diarrhea (49%); nausea, vomiting, headache, sweating. Take with meal to reduce GI side effects

*for treatment of uncomplicated urogenital gonorrhea

^First approved in March 2025 for UTIs

Resources on gonorrhea treatment updates

- Conversations With CEI podcast: [*Two new treatments for gonorrhea; one is available now!*](#) (Jan. 12, 2026)
- [FDA Approves Two Oral Therapies to Treat Gonorrhea](#) (Dec. 12, 2025)

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- McDonald R, O'Callaghan K, Torrone E, et al. *Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022*. *MMWR Morb Mortal Wkly Rep* 2023;72:1269–1274. DOI: <http://dx.doi.org/10.15585/mmwr.mm7246e1>