



2024 STI UPDATE

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DISCLOSURES

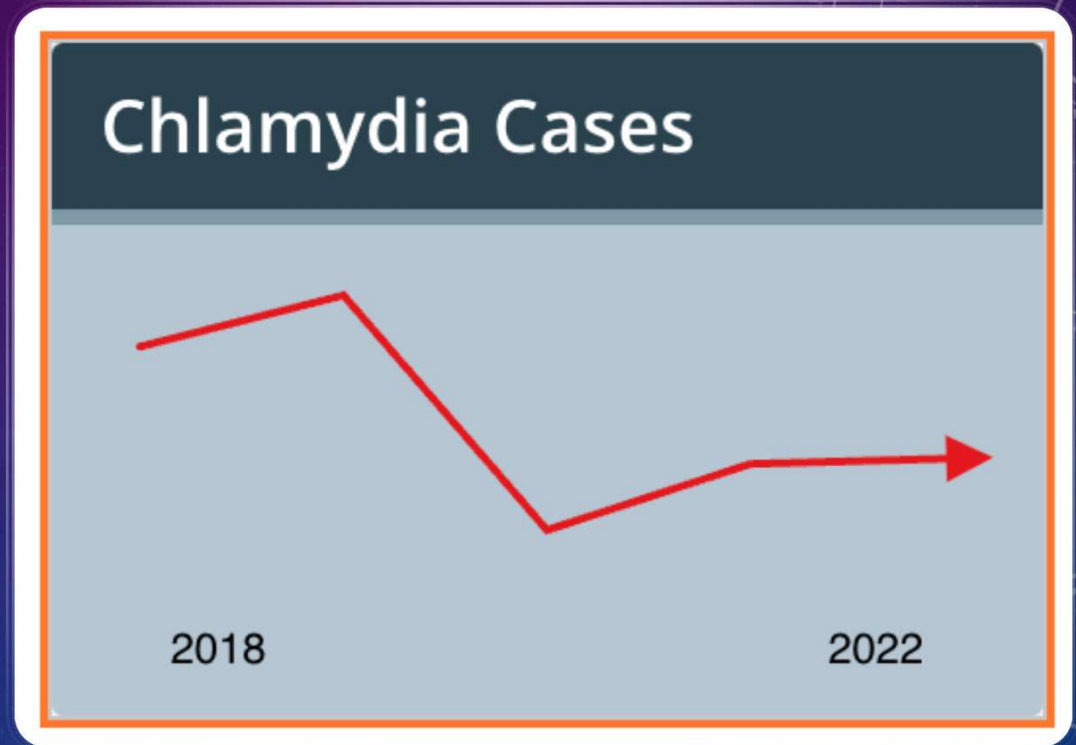
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OBJECTIVES

- Identify the population of patients that should be screened for sexually transmitted infections.
- Discuss how to perform tailored physical exams to identify and test for sexually transmitted infections.
- Describe how to produce accurate treatment plans for persons with sexually transmitted infections.

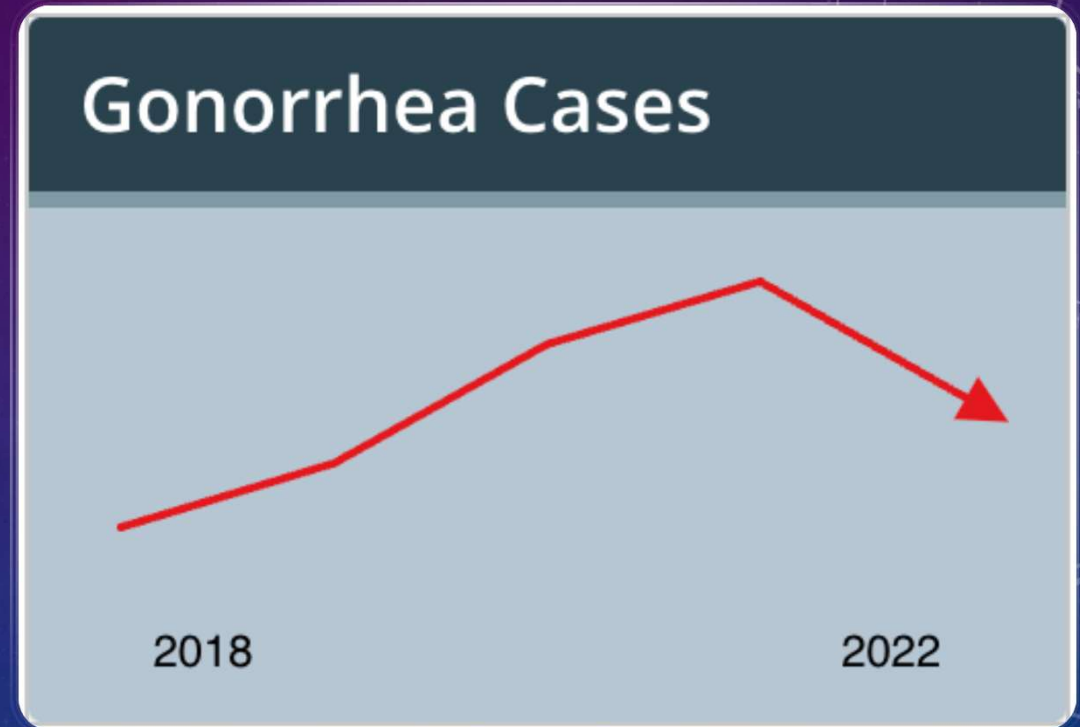
2022 STI SURVEILLANCE RELEASE

- January 30, 2024
- Highlights:
 - Between 2021-2022, chlamydia cases reporting leveled



2022 STI SURVEILLANCE RELEASE

- Gonorrhea cases
DECLINED



2022 STI SURVEILLANCE RELEASE

- Syphilis and congenital syphilis continue to rise

Syphilis Cases (All Stages)



Congenital Syphilis Cases



UNCHANGED TRENDS

- The majority of STIs (chlamydia and trichomonas in particular) continue to be asymptomatic infections.
 - Screening practices are exceptionally important.
- The majority of STIs occur in those < 25 years of age.
 - Education and prevention must start early
- Sex happens.
- A lot.

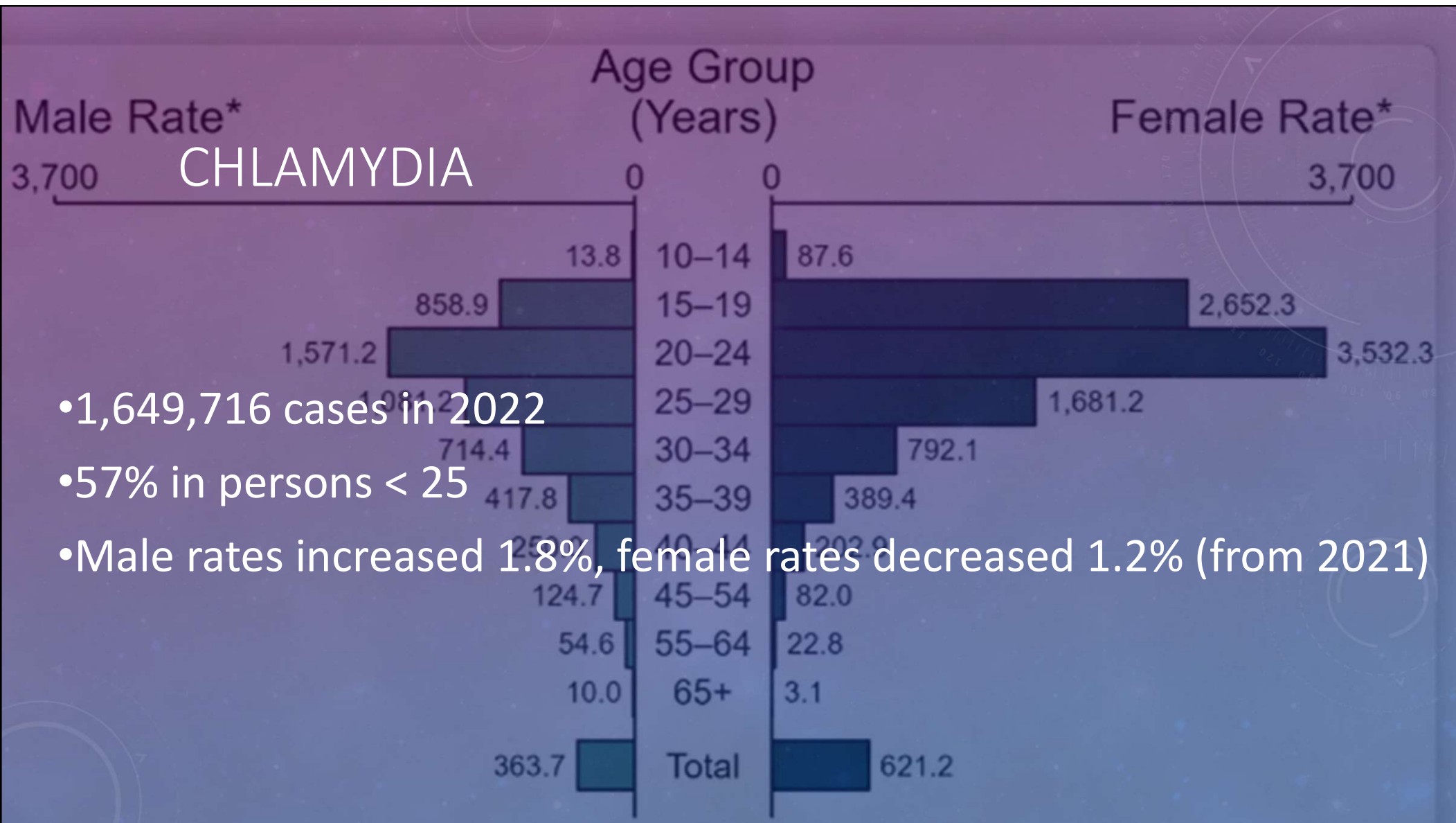
DISPARITIES

- Black/AA persons make up 12.1% of population, but incurred 31.1% of chlamydia/gonorrhea/P&S syphilis cases
 - Not due to different sexual behaviors than other ethnicities, due to lack of access to healthcare
- MSM incur disproportionate numbers of STI cases, more likely to be co-infected with HIV.

DIXON ET AL, 2024

- Between 2016-2020, 52,946 people diagnosed with chlamydia and 25,699 people were diagnosed with gonorrhea in Indianapolis
- Chlamydia: 19% public, 81% private, Gonorrhea: 24% public, 76% private
- Untreated chlamydia: 18% total, 6% public, 20% private, however treatment was guideline driven in both setting
- Untreated gonorrhea: 26% total, 5% public, 33% private, however 21% of private cases were not treated using guidelines
- **Analysis: Public providers of STI care are completing more treatment using guideline suggested methods.**

CHLAMYDIA



CHLAMYDIA TAKEAWAYS

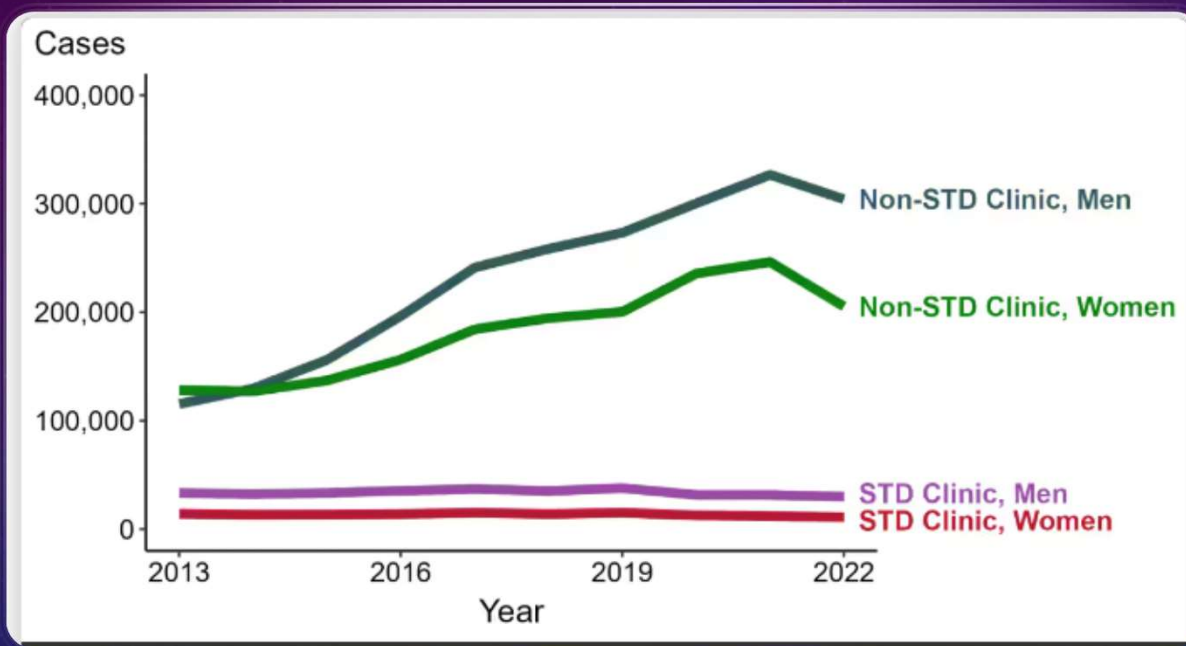
- Chlamydia is best discovered using universal screening techniques
- Screening occurs more in women; thus, more cases are detected in women. True prevalence in men is unknown.
- No evidence that the switch to doxycycline decreased treatment completion rates.*
- **SCREEN!**

GONORRHEA

GONORRHEA

- 648,056 national cases
- 9.2% decrease from 2021
 - Women & men, across races/ethnicities, all age groups
 - Largest decreases seen in women (14.5%), women aged 20-24 (18.1%) and women tested in a non-STI specific setting (16.7%)
- Practice setting, patient population and geographic location matter! (next slides)

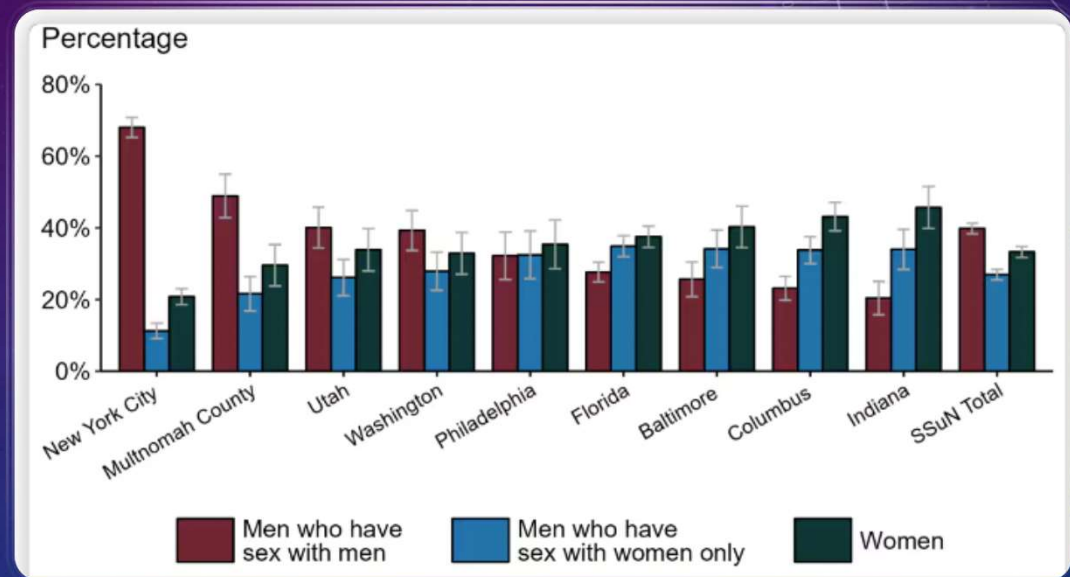
PRACTICE SETTING



- Crucial that all practice setting consider themselves sexual health settings

GONORRHEA

- Old thinking: gonorrhea occurs most in MSM alone
- 2022 ~40% of cases in MSM, majority in MSW and women



GONORRHEA TAKEAWAYS

- Targeted testing by likelihood of acquisition recommended
- *Screening for chlamydia will increase the detection of gonorrhea infections
- **Use guideline supported treatment!**

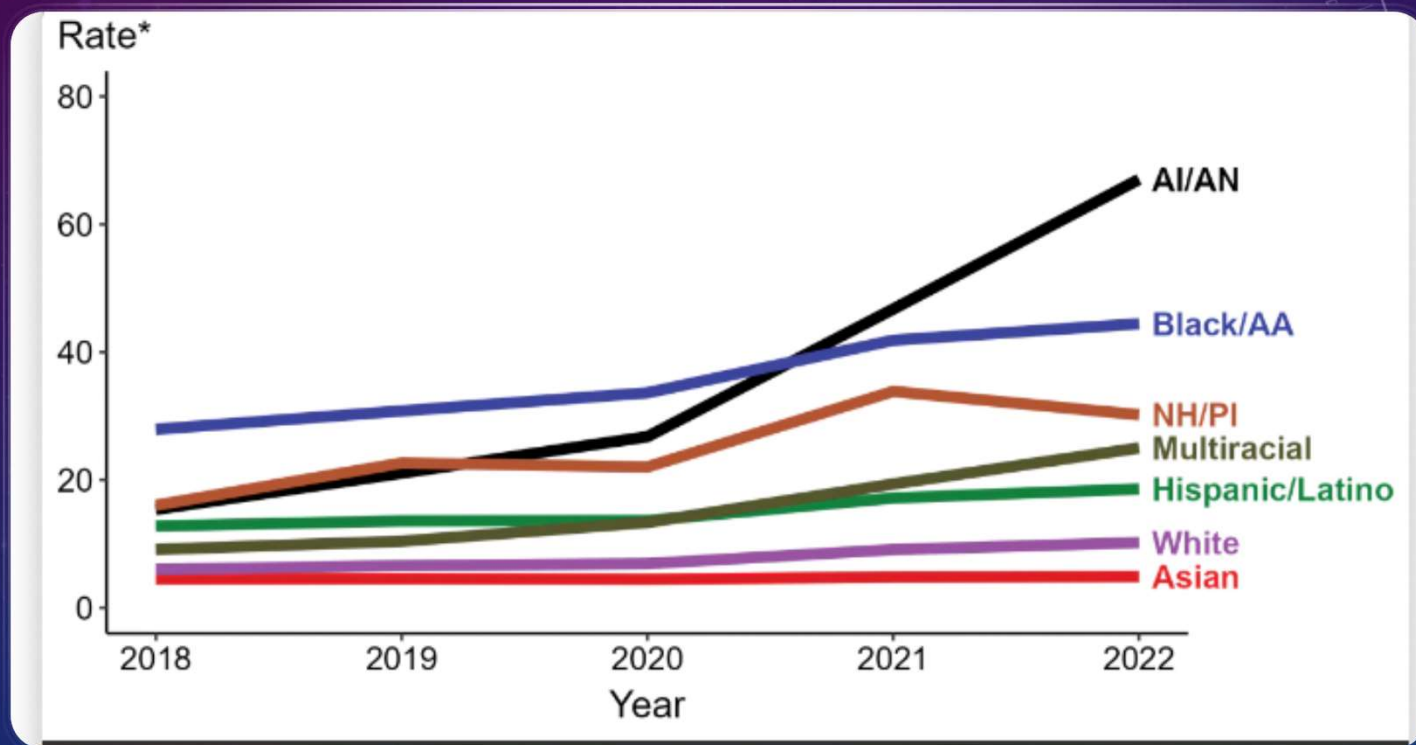
SYPHILIS

The background of the slide is a dark blue gradient with a subtle pattern of small white dots. On the right side, there are several circular graphic elements. One prominent feature is a large circular scale with numerical markings from 80 to 200, resembling a medical instrument or a data gauge. Other elements include concentric circles and dashed lines with arrows, suggesting a technical or scientific theme.

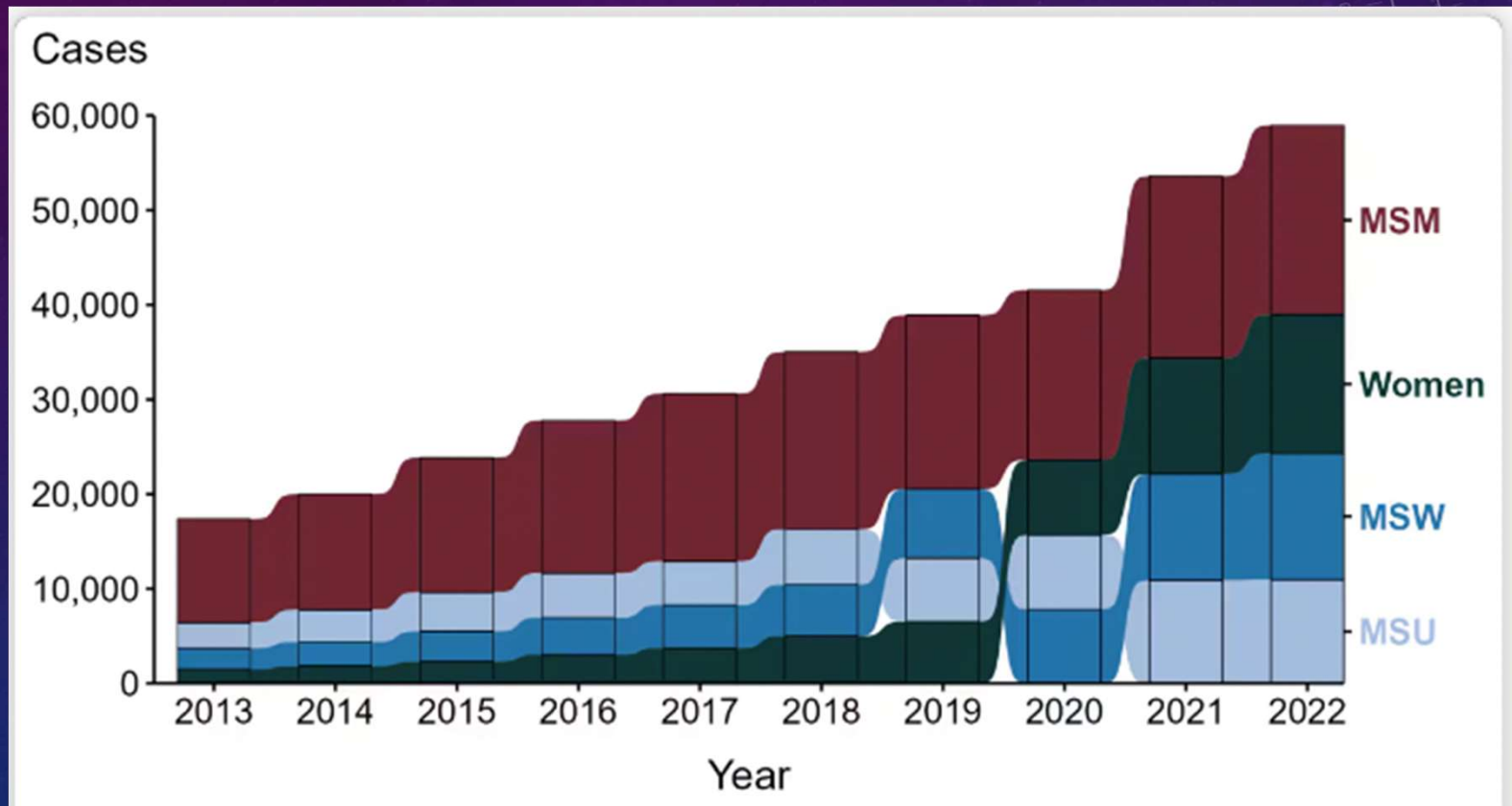
SYPHILIS

- 207,255 national cases
 - Most cases since 1950 and increase of 17.1% since 2021
- 59,016 cases of primary/secondary syphilis (most contagious phases)
- Increased among women & men and within all race/ethnicity groups, but most in American Indian/Native Alaskans

RACE/ETHNICITY



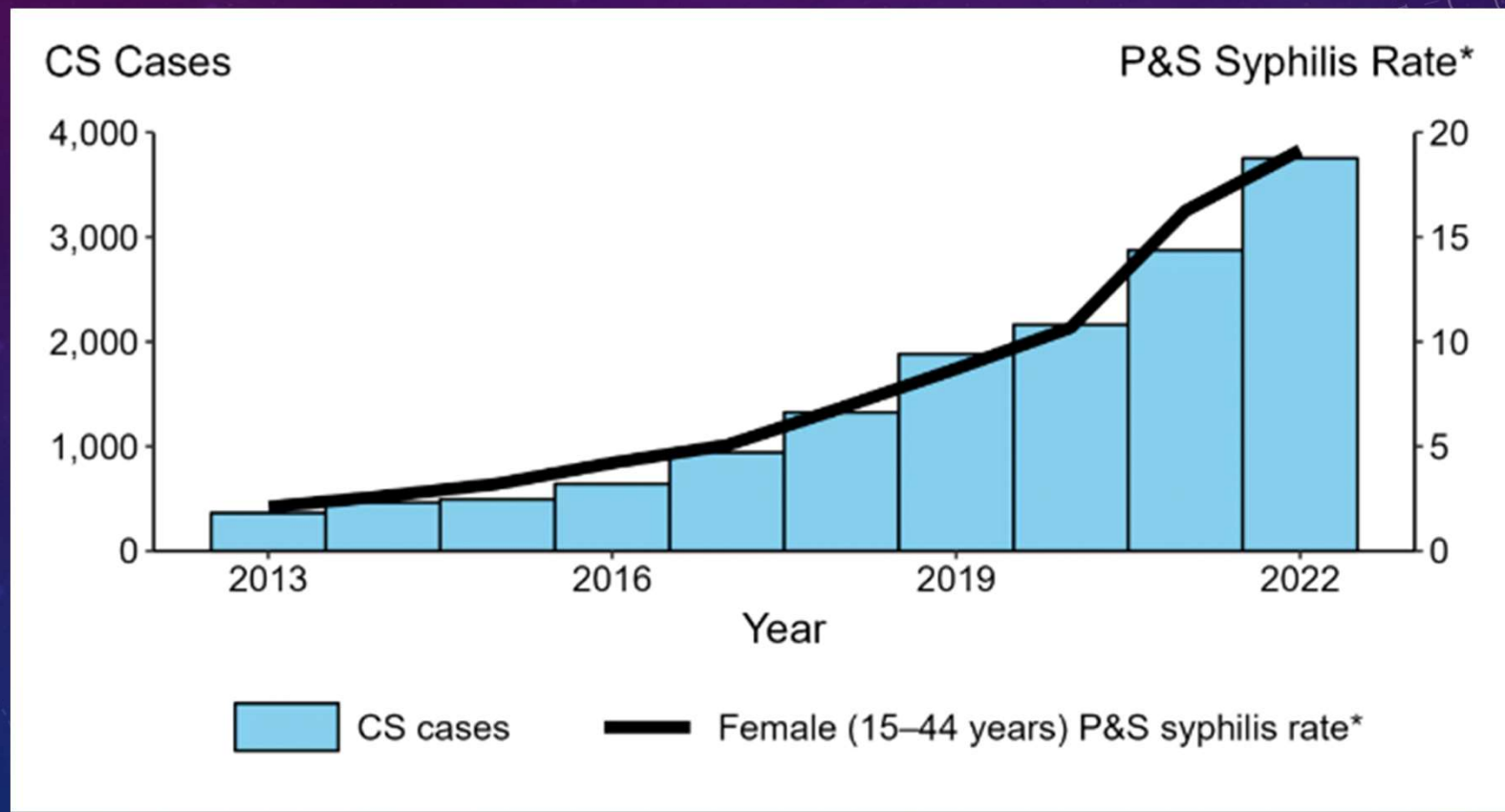
SEXUAL PARTNERS



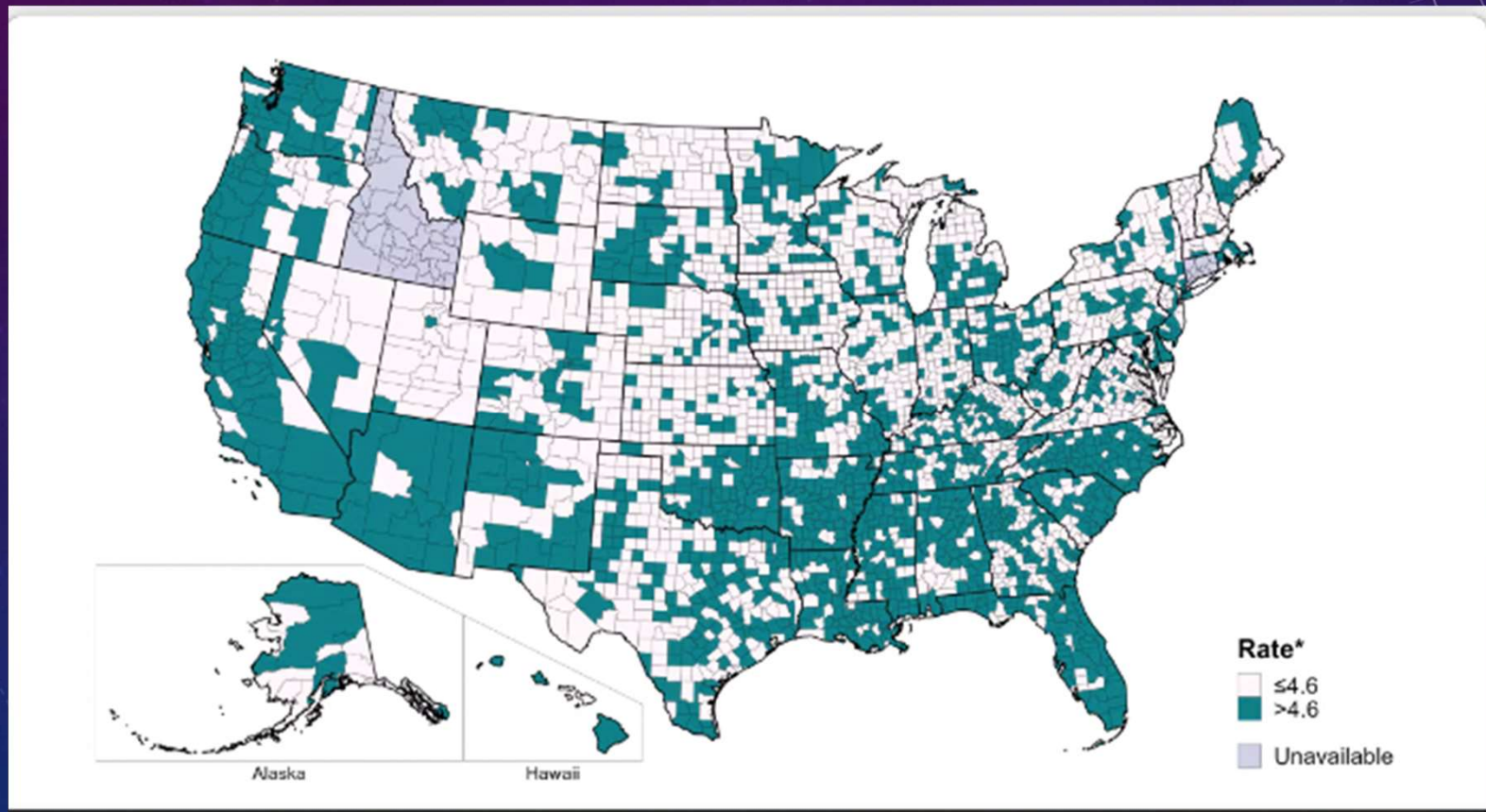
CONGENITAL SYPHILIS

- 3,755 cases reported
 - 282 stillbirths or infant death
- 30.6% increase since 2021, highest rates since 1991
- 47 states + District of Colombia reported at least one case

INCREASE BY YEAR

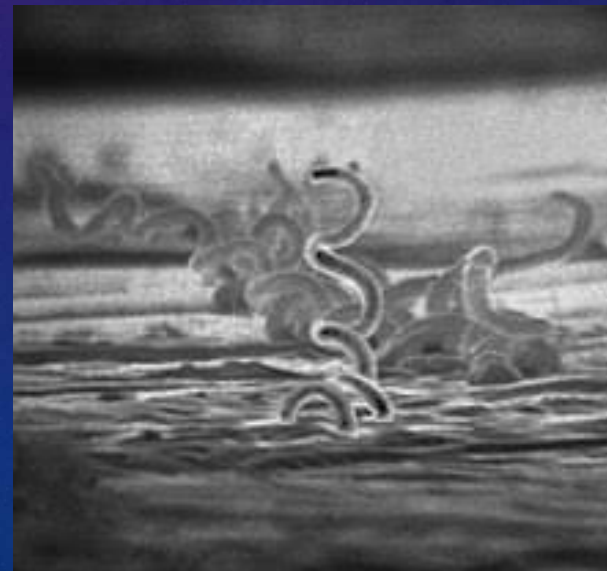


CASES BY COUNTY/STATE



PREGNANT PERSONS AND SYPHILIS

- 2021: Retest for syphilis at 28 weeks and again at delivery if high syphilis prevalence rates or risk
 - Drug use
 - Another STI during pregnancy
 - Multiple sex partners
 - New sex partner
 - Sex partner with STI

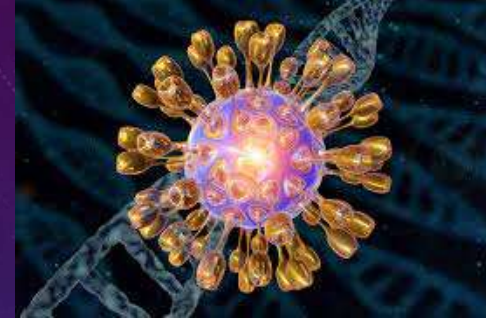


SYPHILIS TAKEAWAYS

- Syphilis testing should be included in most persons seeking STI testing and offered to those receiving routine health care maintenance.
- Bicillin (long-acting penicillin-G) shortage remains an issue
 - Pfizer the only manufacturer
 - 2 ml and 4 ml syringes available in limited supply, 1 ml syringes expected February 2025

GENITAL ULCER DISEASES

HERPES



- Shifting epidemiology worldwide:
 - HSV 1 now the predominant strain causing genital herpes, particularly in women < 30
 - HSV 1 recurs less in the genitals, HSV 2 recurs less in the oropharynx
- Testing issues persist:
 - No recommendation to **screen** using serology
 - PCR testing of lesion within 48 hours of development most sensitive/specific
 - Available, but not widely

HERPES IN PREGNANCY

- Women should **not** be screened in pregnancy using HSV serologies
- Women with a history of genital HSV should have an excellent physical exam at the time of delivery. If no lesions are present and no prodrome, vaginal delivery possible
- Providers should discuss suppressive therapy throughout pregnancy or starting at 36 weeks, particularly for those with frequent recurrences of genital lesions

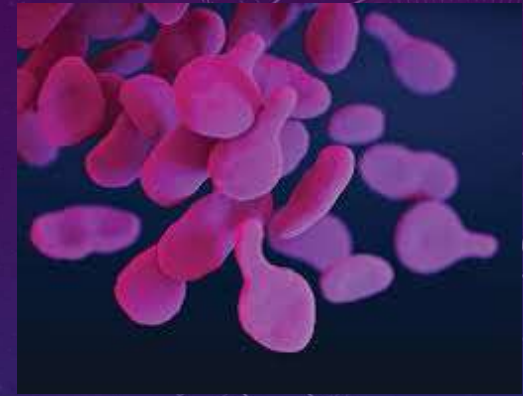
GONORRHEA & MYCOPLASMA



MYCOPLASMA TESTING

- It's still complicated
- CDC:
 - Test men with unresolved urethritis after covering for GC/chlamydia, women with PID
 - No screening recommendations
 - Significant antibiotic resistance (macrolides)
- Health and wellness space:
 - At home test kits, do not reliably report sensitivities
 - High burden of asymptomatic mycoplasma presence in the genitalia
 - No evidence-based treatment regimens for asymptomatic persons and persons "exposed" by a partner

MYCOPLASMA GENITALIUM



- Treat like BASHH guidelines:
 - In areas where macrolide resistance is high:
 - **Doxycycline 100 mg PO BID x 7 days then moxifloxacin 400 mg PO BID x 7 days**
 - In areas where macrolide resistance is low:
 - **Doxycycline 100 mg PO BID x 7 days, then azithromycin 1 G PO on day 1, 500 mg PO QD x 3 days**



MISCELLANEOUS

VAGINITIS

- Product-driven vulvar hygiene regimens increase the rates of BV
- Genital hair removal increases the risk of BV and chlamydia/gonorrhea in women
- Candidiasis, especially recurrent infections, are overdiagnosed by both patients and providers.
 - Fluconazole resistance is increasing

PERSONS IN CORRECTIONAL FACILITIES

- 2021:
 - Opt-out screening for chlamydia/gonorrhea for women < 35, men < 30
 - Opt-out screening for trichomoniasis in women < 25
 - Opt-out screening for syphilis based on local syphilis prevalence
 - Screen for HAV, HBV & HCV, vaccinate for HAV, HBV
 - Opt-out HIV screening, start PrEP if warranted



HPV



Syphilis



Chlamydia

Thank You!



HSV-2



HIV



Gonorrhea