

What's New in STIs: A Provider Toolkit

Allison Bauer, MD

Internal Medicine | Blue Mountain Heart to Heart
Updates in Medicine — Richland, WA

Last updated: 16 September 2026

Disclosures

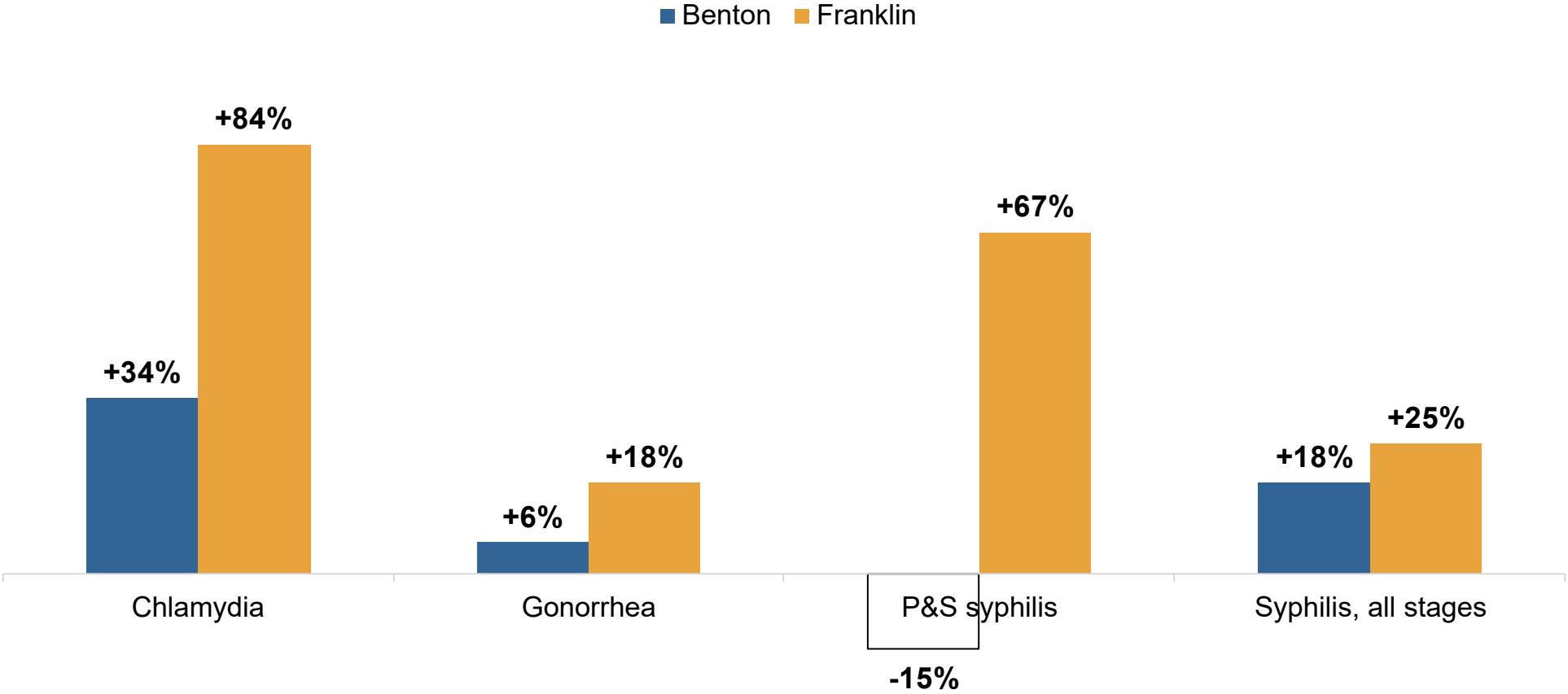
Drug samples received from Gilead Sciences for patient care purposes.
No speaker fees, consulting arrangements, or advisory board participation.

All relevant financial relationships have been mitigated.

Disclaimer

Funding for this presentation was made possible by TR7HA53202 from the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB). The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. *Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.*

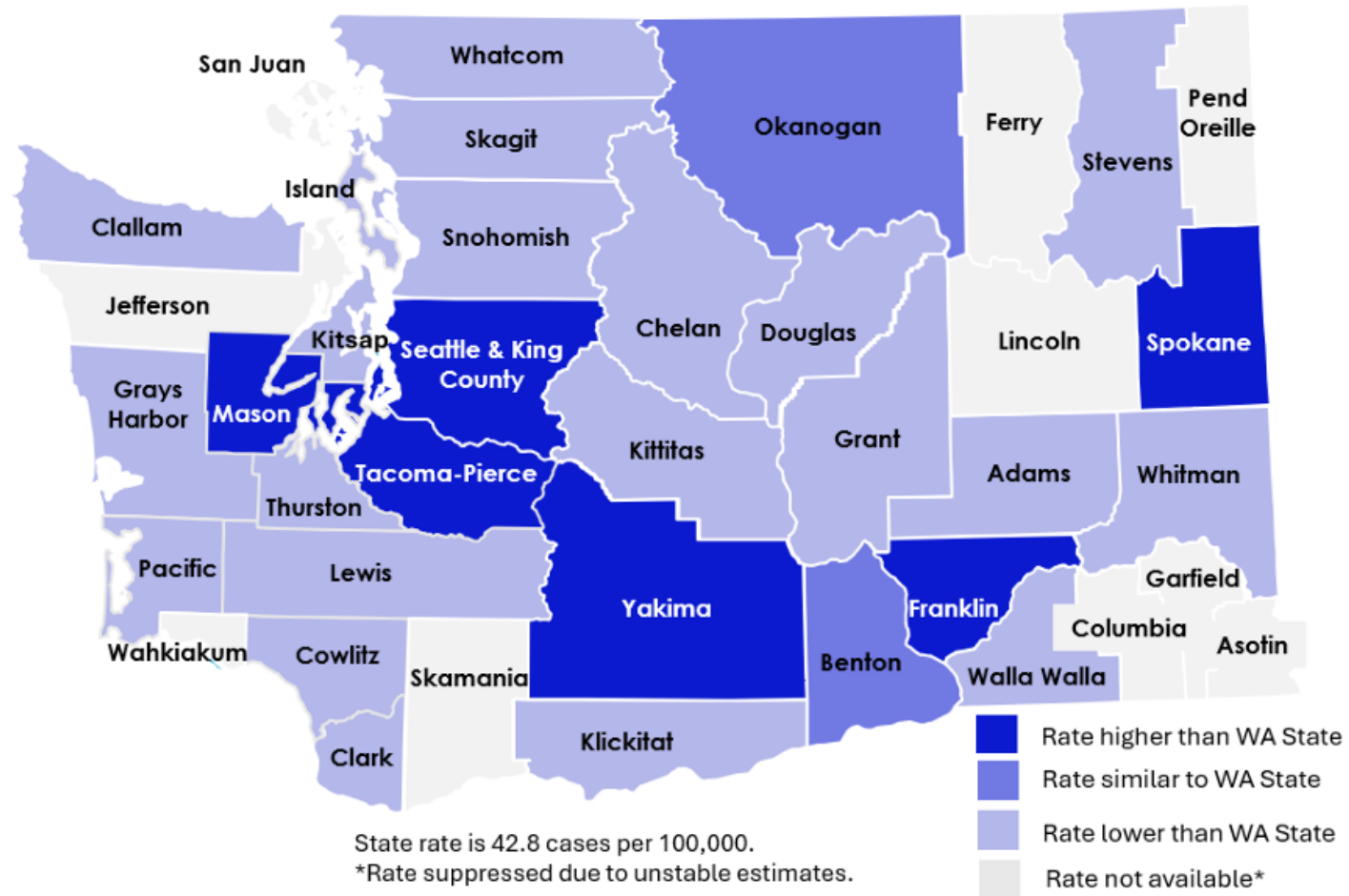
Benton and Franklin counties sit above the Washington State rate



Percent above or below the Washington State rate, 2024

Franklin County exceeds the state syphilis rate

Map 3. Aggregate Syphilis Rates by County Compared to WA State Rate, 2019-2023



Objectives

- Apply current STI screening recommendations

- Counsel patients on biomedical prevention

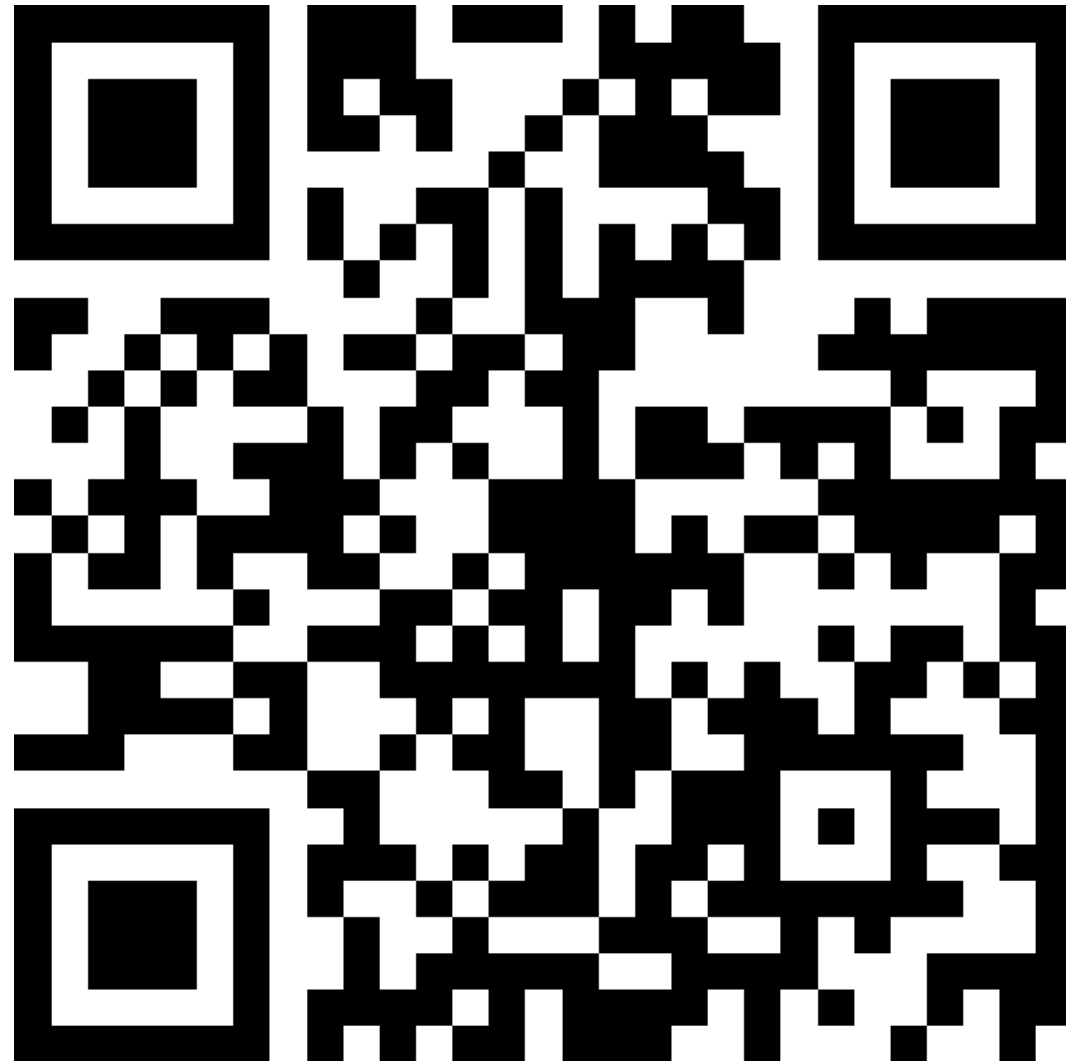
- Select preferred and alternative treatment regimens

- Recognize and treat emerging STIs in Washington State

Four questions

- 1 **Who and what do I test?**
- 2 **How do I prevent?**
- 3 **How do I treat?**
- 4 **What's new in Washington?**

Join Slido for Interactive Polls



SECTION 1

Who and what do I test?

Gonorrhea and chlamydia

Who to screen for gonorrhea and chlamydia, and how often

WHO	HOW OFTEN
Women under 25, sexually active	Every year
Women 25 and older with a new or additional partner, or a partner with an STI	Every year
Pregnant — under 25 or with a risk factor	First prenatal visit; repeat in the third trimester if risk high
Men who have sex with men, sexually active	At least every year — urethra, rectum and pharynx Every 3–6 months if risk continues
Taking HIV PrEP or doxy-PEP	Baseline, then every 3–6 months
Living with HIV, sexually active	At the first HIV evaluation, then at least every year
Entering a correctional facility	At intake — women 35 and under, men under 30
Men who have sex only with women	Not routinely recommended

Screen by anatomy and sexual practice, not identity.

Retest anyone who tests positive at 3 months.

Who do I test?

Workowski KA et al. MMWR Recomm Rep 2021;70(4); USPSTF, Chlamydia and Gonorrhea: Screening, 2021; Bachmann LH et al. MMWR Recomm Rep 2024;73(2); Public Health—Seattle & King County, 2026 HIV and STI Screening Guidelines.

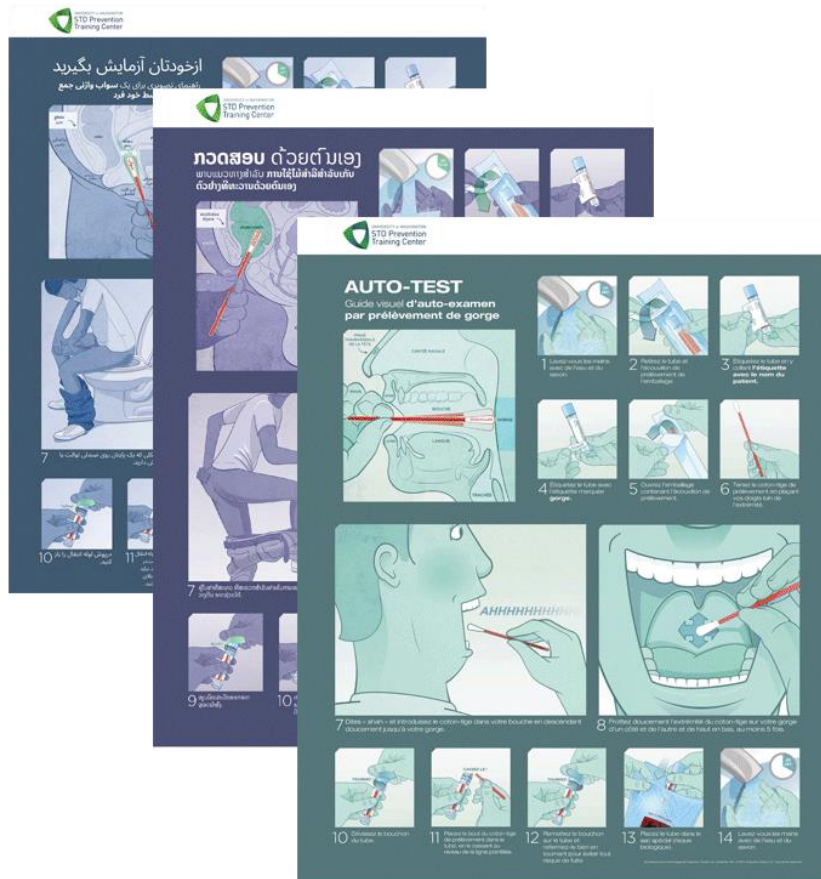


Urine testing alone misses most infections

70–85%

of gonorrhea and chlamydia infections in MSM are missed
when urethral or urine screening is used alone

Patients can collect their own extragenital swabs



- Patient-collected rectal and pharyngeal swabs perform equivalently to clinician-collected.
- Removes the physical examination as a barrier.
- UW PTC visual guides are free and available in 22 languages.
- Check whether your laboratory accepts extragenital specimens.

Who do I test?

UW STD Prevention Training Center, TESTYOURSELF visual guides — uwptc.org/visual-guides



Which sites to test, and how often, are separate questions

WHEN YOU TEST, TEST EVERY EXPOSED SITE

- Symptoms at any site
- Known contact to gonorrhea or chlamydia
- Test of cure after pharyngeal gonorrhea
- Any visit where you have decided to screen

HOW OFTEN TO REPEAT IS A SHARED DECISION

- No trial has shown that screening asymptomatic extragenital sites lowers population incidence
- Screening and treating raised antibiotic consumption 21–45%
- King County tetracycline resistance rose 27% → 70%

PHSKC still recommends at least annual screening.

Why this is still unsettled: untreated pharyngeal gonorrhea persists a median of 16 weeks — long enough to sustain transmission.

CDC and King County no longer agree on GC/CT repeat screening

CDC, 2021

Screen every 3–6 months for people at increased risk.

PHSKC, 2026

— At least annual screening.

— Whether and how often to repeat is a shared decision.

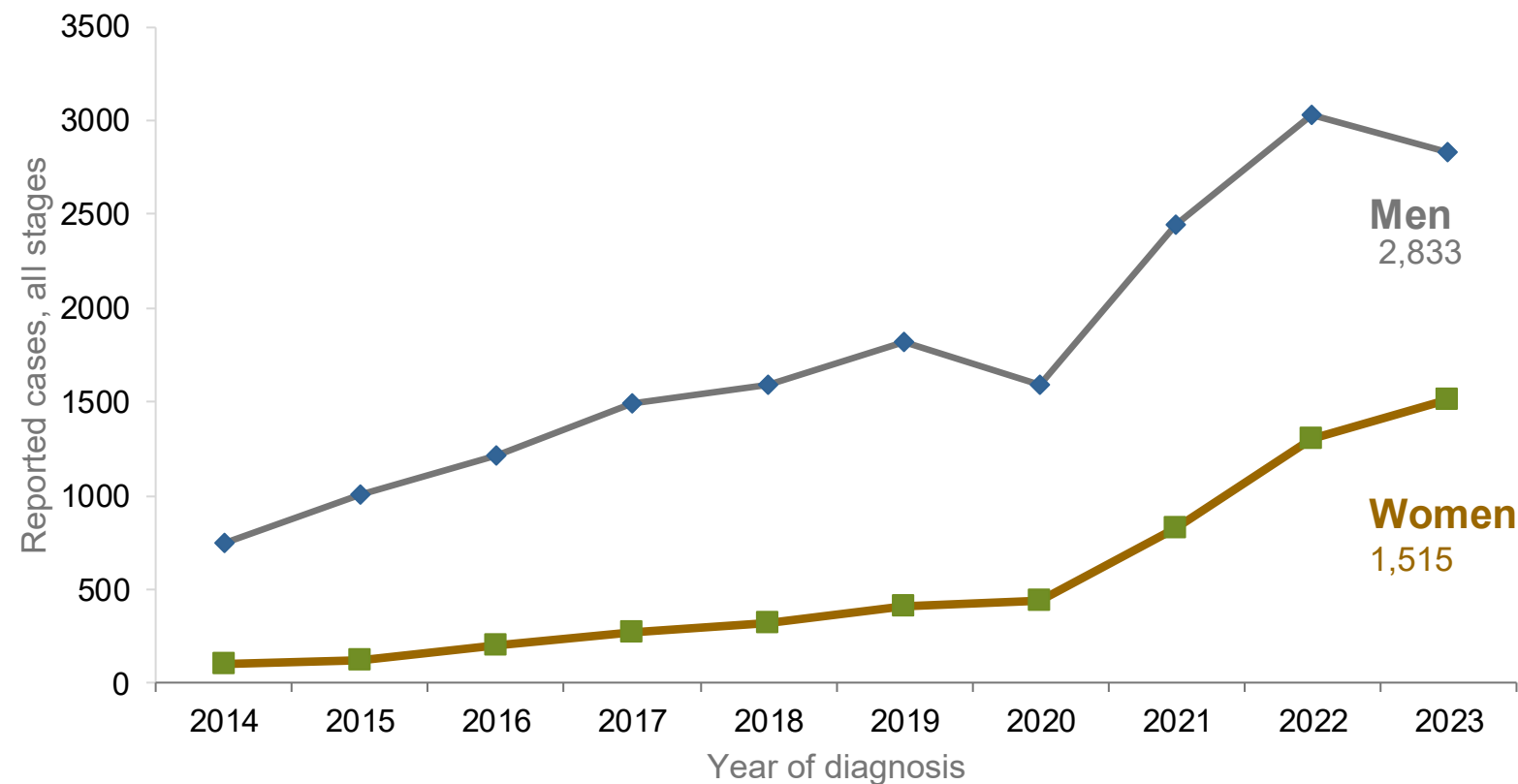
— Routine screening for asymptomatic rectal and pharyngeal gonorrhea and chlamydia discontinued.

Syphilis and HIV screening are unchanged. Keep those frequent.

Syphilis

Who to screen, and how often

Syphilis is rising fastest among women in Washington



Washington State, 2014–2023

Change 2020 → 2023

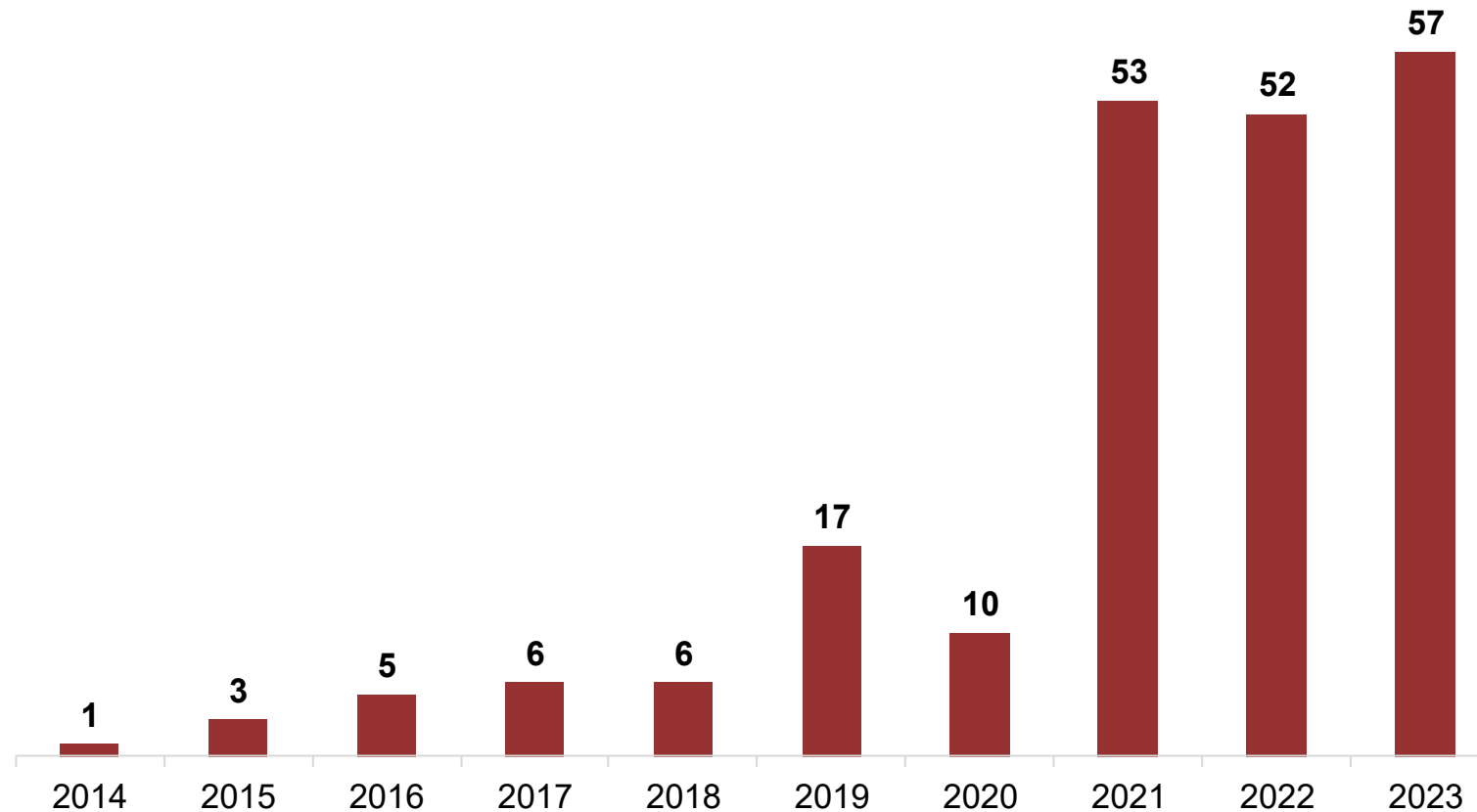
+245%

women (439 → 1,515)

+78%

men (1,590 → 2,833)

Congenital syphilis: 1 case in 2014, 57 in 2023



Congenital syphilis cases, Washington State

Counties named by WA DOH

Benton-Franklin
King
Pierce
Snohomish
Spokane
Yakima

Who to screen for syphilis outside pregnancy

At least annually — and up to every 3 months or whenever they present for care

Injection drug use · methamphetamine or nonprescription opioid use · unstable housing or homelessness · transactional sex · incarceration now or in the prior 2 years · syphilis in the prior 2 years

At least annually

Partners of anyone above · women whose male partners have sex with both men and women · people with HIV outside a mutually monogamous relationship

Once

Any sexually active person aged 45 or under who has not tested since January 2021

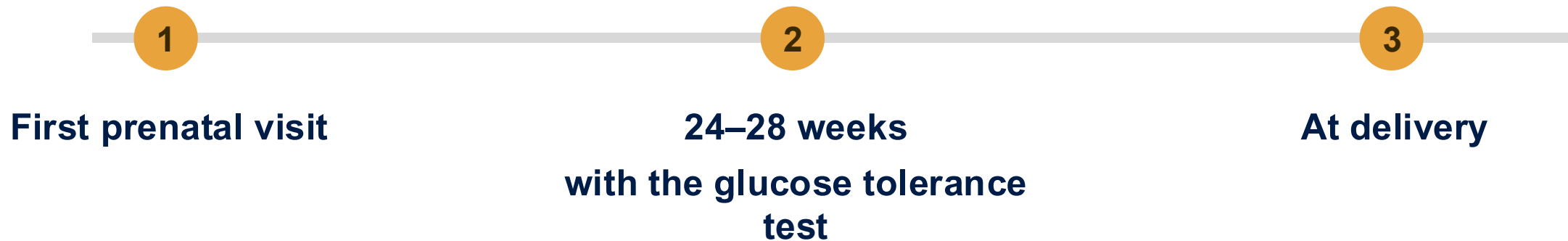
Reflexively

Anyone diagnosed with gonorrhea or HIV, if not already done

Syphilis screening in pregnancy: three time points

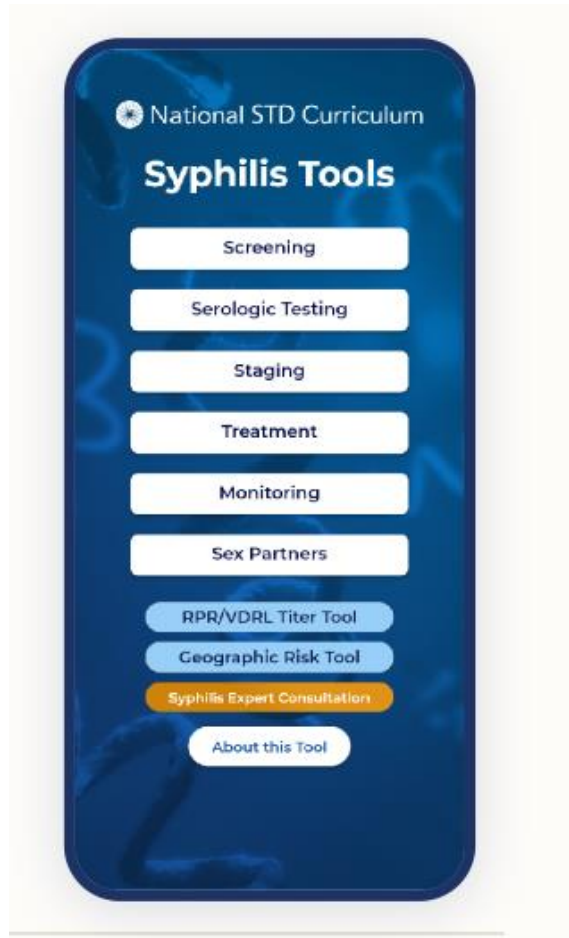
Universal — not risk-based

WA DOH, Health Care Authority and ACOG, 2 September 2024



Screen at any visit if prenatal care is limited, absent or unknown — emergency department, urgent care, treatment programs, correctional facilities.

Syphilis Tools: a free point-of-care reference



Screening

County-level rates and CDC-based recommendations

Serologic testing

Choose and interpret tests, compare titers

Staging

Clinical criteria and illustrations

Treatment

Regimens by stage and type of syphilis

Monitoring

Interpret RPR/VDRL response to treatment

Sex partners

Evaluation and management

Free · works fully offline · no login · no PHI collected
std.uw.edu/page/tools/app · App Store and Google Play

Section 1 — key points

- 1 Collect from all exposed sites. Urine alone misses 70–85% of infections.
- 2 Screen every sexually active person aged 45 or under for syphilis at least once.
- 3 Screen for syphilis three times in pregnancy: first visit, 24–28 weeks, delivery.

SECTION 2

How do I prevent?

Doxy-PEP: who qualifies

200 mg doxycycline, once, within 72 hours of condomless sex. Maximum 200 mg per 24 hours.

CDC, 2024

Men who have sex with men who have had syphilis, chlamydia or gonorrhea diagnosed in the prior 12 months.

PHSKC — broader in two ways

— Prioritize a history of early syphilis, or more than one STI in the prior year.

— Episodic prescribing around anticipated increased sexual activity, even without a prior STI.

Test at baseline and every 3–6 months.

Audience response

In 2026, doxy-PEP reliably prevents which infections?

(choose all that apply)

1. Chlamydia
2. Syphilis
3. Gonorrhea
4. Trichomoniasis
5. None of these

Slido





**In 2026, doxy-PEP reliably
prevents which infections?**

What randomized trials showed 2020-2023



60%

Any bacterial STI



82%

Chlamydia



80%

Syphilis



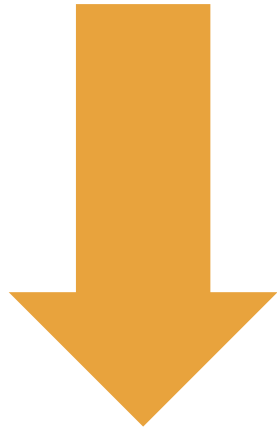
33%

Gonorrhea

Reduction in infection — pooled randomized trial data

What happens in practice, 2023–2025

Kaiser Permanente Southern California · 26,582 people · effectiveness within 90 days of a fill



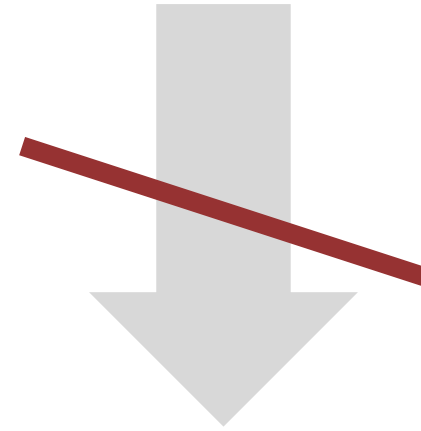
66.5%

Chlamydia



60.7%

Syphilis



–1.8%

Gonorrhea

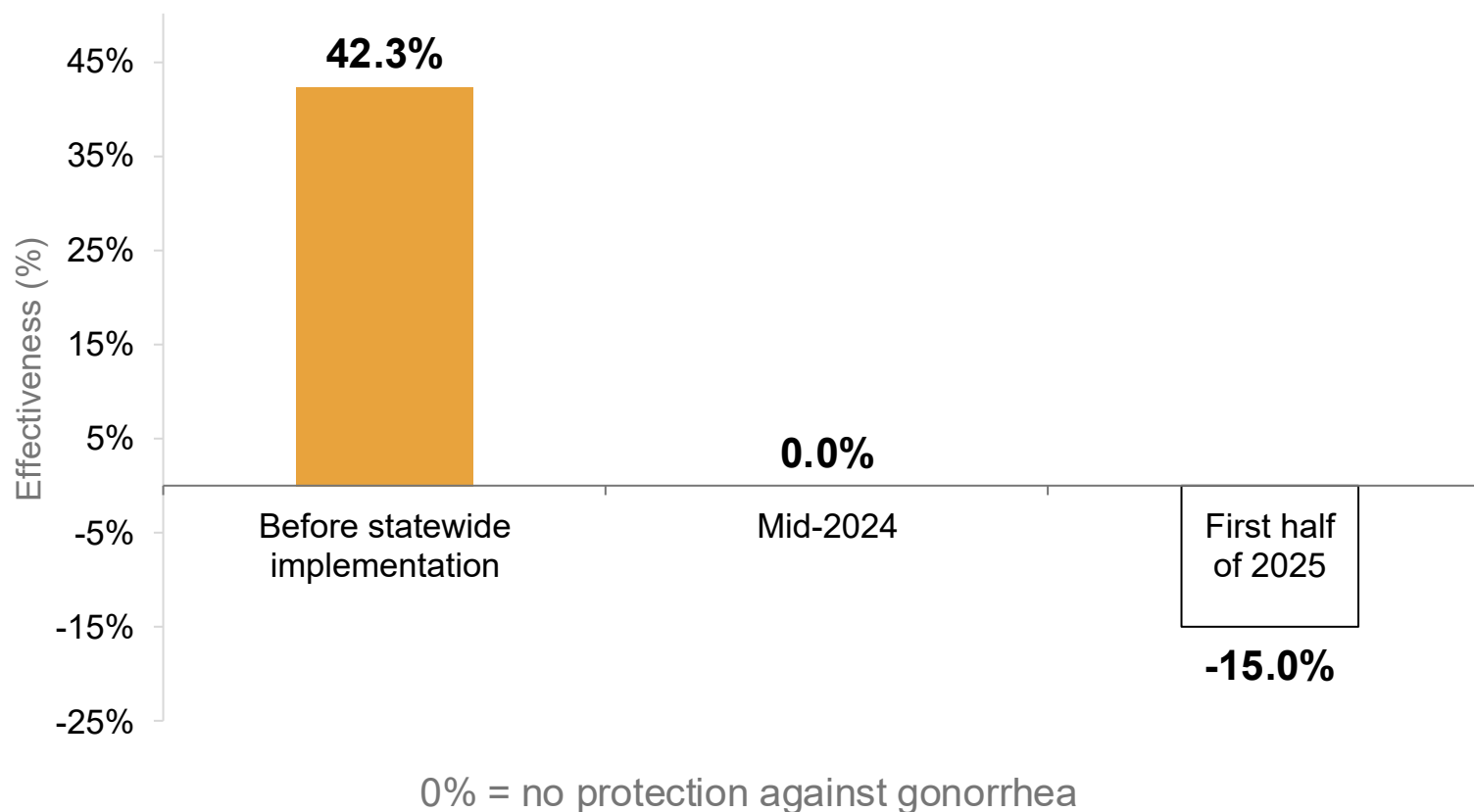
How do I prevent?

Yechezkel M, Helekal D, Kapadia B, et al. Lancet Infect Dis 2026. doi:10.1016/S1473-3099(26)00123-4



Gonorrhea protection disappeared within two years

Doxy-PEP effectiveness against gonorrhea, by period



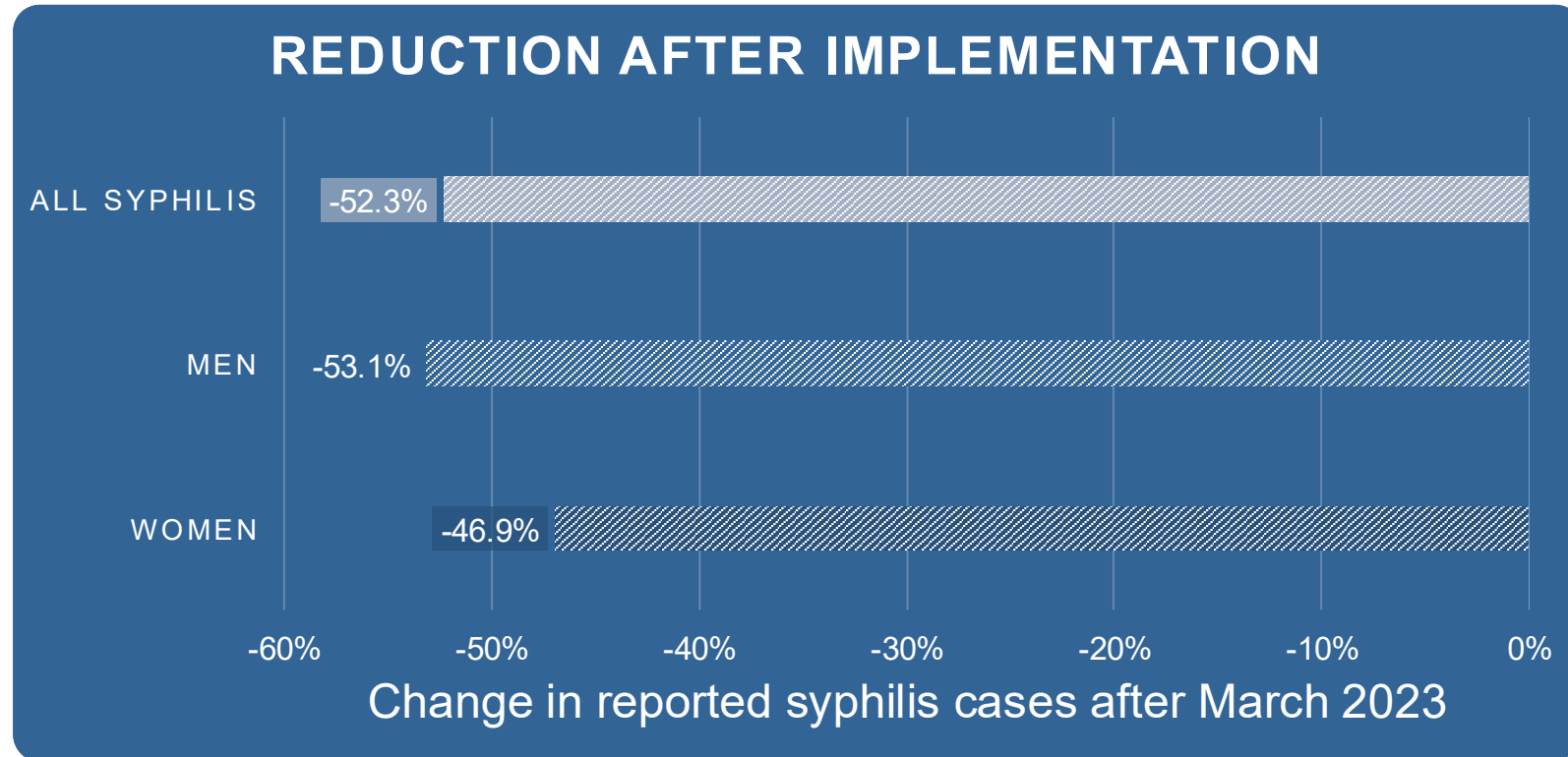
Over the same period
tetM in local gonorrhea
isolates

22% → 59%

high-level tetracycline
resistance

**Chlamydia and syphilis
protection held over the
same period.**

Doxy-PEP cut syphilis in half in King County



3,031

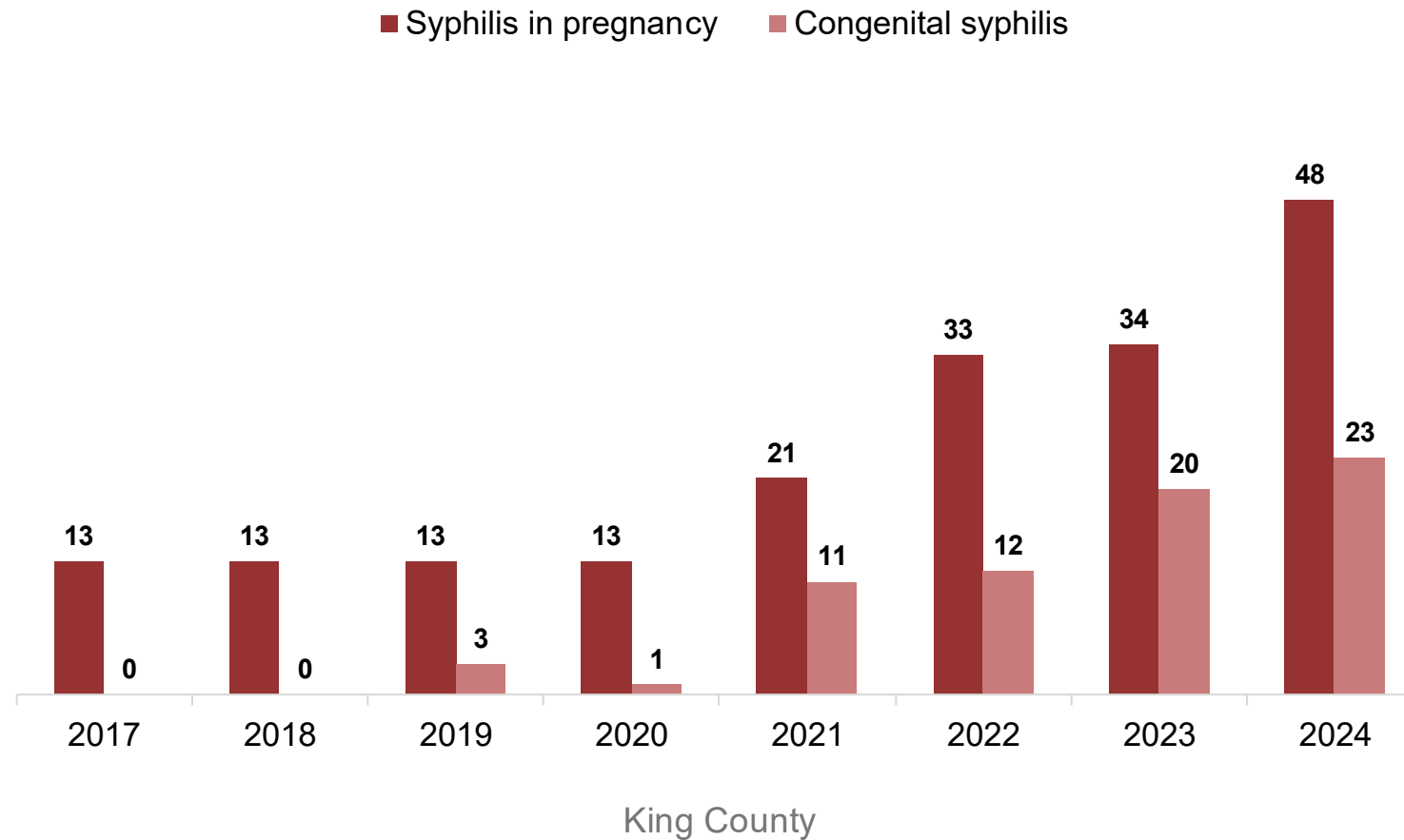
fewer syphilis cases than
the counterfactual predicted

**Women are not a target
population for doxy-PEP
— the decline among
women suggests a
network effect.**

Compared with the modelled counterfactual · interrupted time series, implementation March 2023

All syphilis: 95% CI -74.1 to -30.5

But syphilis in pregnancy kept rising



The intervention that works is not reaching the population with the worst outcome.

How do I prevent?

Menza TW, Berzkalns A, Cannon CA, et al. Clin Infect Dis 2026.



Biomedical prevention available in 2026: a menu

Condoms

Doxy-PEP

syphilis and chlamydia

HIV PrEP

daily oral, or lenacapavir twice yearly

Vaccines

mpox, HPV, hepatitis A and B

Meningococcal B vaccine does not prevent gonorrhea — three randomized trials.

Section 2 — key points

- 1 Doxy-PEP still prevents syphilis and chlamydia. It no longer prevents gonorrhea.
- 2 Population-level syphilis fell by half in King County — but not in pregnancy.
- 3 Do not offer the meningococcal B vaccine for gonorrhea prevention.

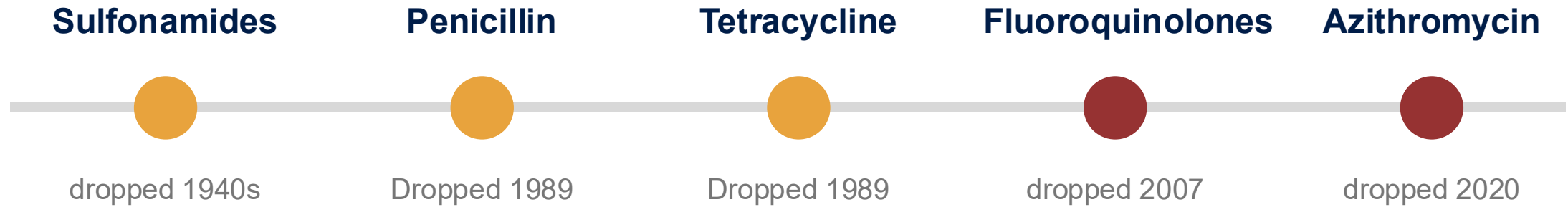
SECTION 3

How do I treat?

Gonorrhea

Why resistance keeps outrunning us

Gonorrhea has outrun every antibiotic in turn



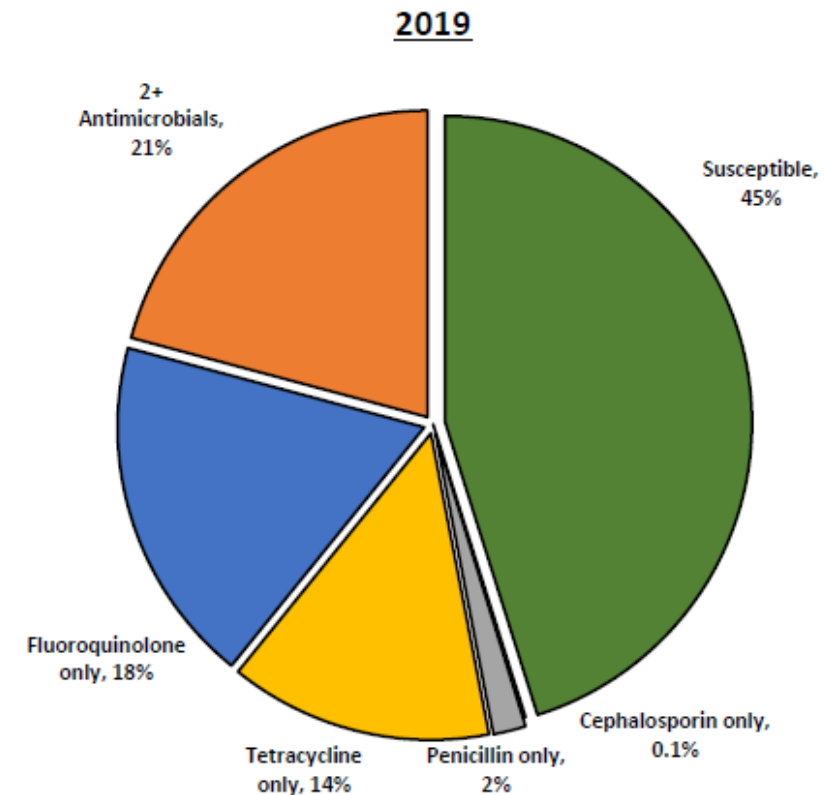
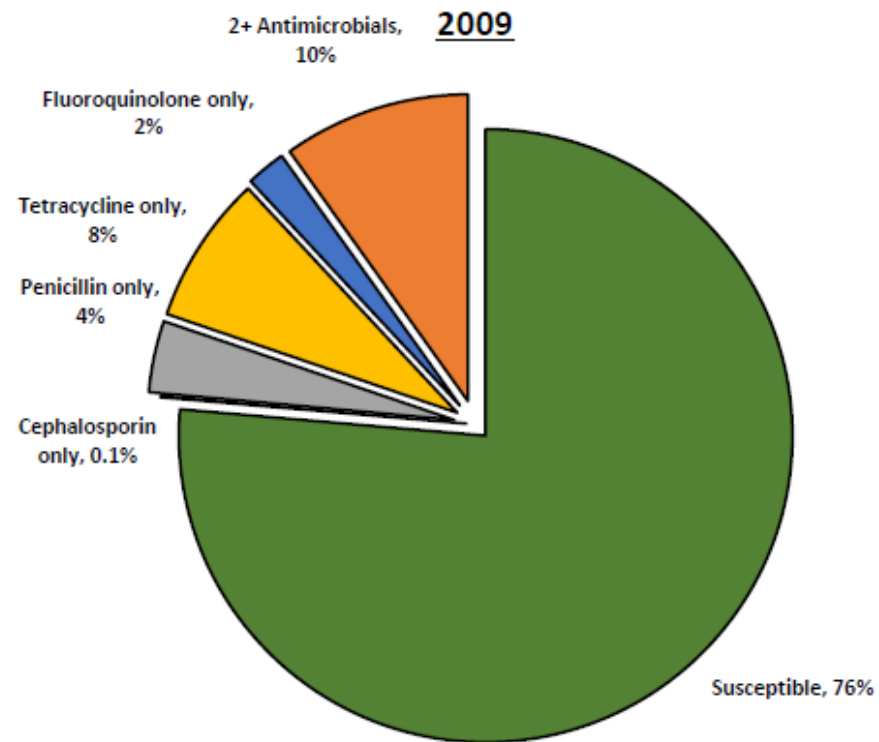
How do I treat?

CDC Sexually Transmitted Infections Treatment Guidelines; Update to CDC's Treatment Guidelines for Gonococcal Infection, MMWR 2020;69(50).



More than half of US isolates are now resistant to at least one antibiotic

Prevalence of Resistant or Decreased Susceptibility of *N. gonorrhoeae* Isolates to Antimicrobials, GISP, 2009 and 2019*

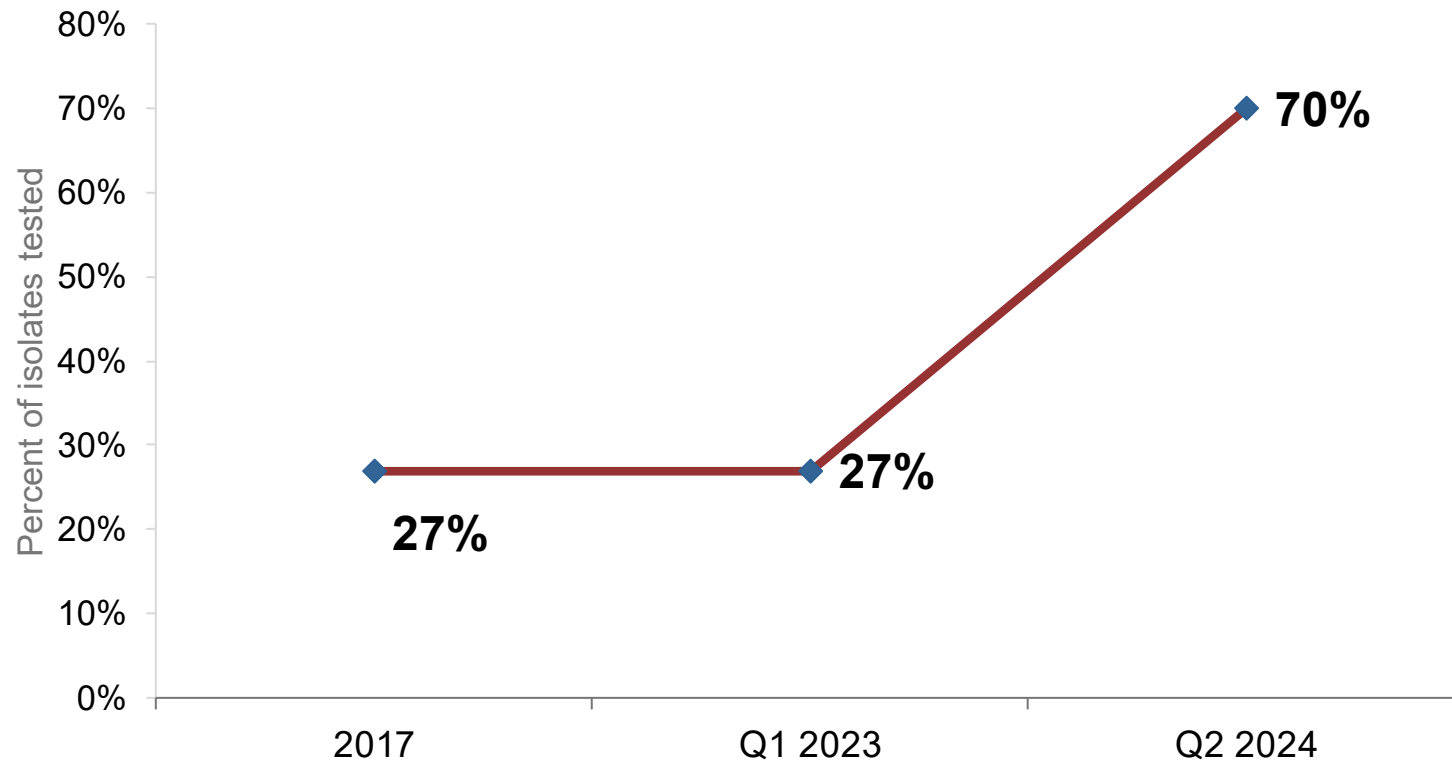


How do I treat?

CDC Gonococcal* 2019 data are preliminary

Tetracycline resistance in King County went from 27% to 70%

Percent of gonorrhea isolates with tetracycline resistance



United States

Isolates carrying tetM
<10% (2020) → >30%
(2024)

Highest prevalence in the country

HHS Region 10 —
Washington, Oregon,
Idaho, Alaska

Men who have sex with men, King County · flat for six years, then more than doubled in fifteen months

Audience response

A 29-year-old man has pharyngeal gonorrhea and documented anaphylaxis to ceftriaxone. Which of the new oral agents do you use?

1. Zoliflodacin
2. Gepotidacin
3. Either one
4. Neither — call for help

Slido





A 29-year-old man has pharyngeal gonorrhea and documented anaphylaxis to ceftriaxone. Which of the new oral agents do you use?

Two new oral agents, approved December 2025

zoliflodacin

3 g granules dissolved in water, single dose

Spiropyrimidinetrione — inhibits the gyrB subunit of DNA gyrase

gepotidacin

3,000 mg twice, 10–12 hours apart, with food

Triazaacenaphthylene topoisomerase inhibitor

Both approved for uncomplicated urogenital gonorrhea only.

Ceftriaxone is still first line at every site

CDC, February 2026

The only recommended treatment of uncomplicated urogenital, anorectal and pharyngeal gonorrhea is monotherapy with a single intramuscular dose of ceftriaxone 500 mg or 1 g for those 150 kg or more

Consider an oral agent only when:

documented cephalosporin allergy

no route for an injection

Get expert support for your STD questions

Syphilis management? Resistant gonorrhea? STD treatment?

GOT A TOUGH STD QUESTION?

Get FREE expert STD clinical consultation at your fingertips



Ask your question

National STD experts review

Response within 1-5 business days, depending on urgency

Log on to www.STDCCN.org for medical professionals nationwide

- WWW.STDCCN.ORG
- Response in 1-5 business days

Syphilis

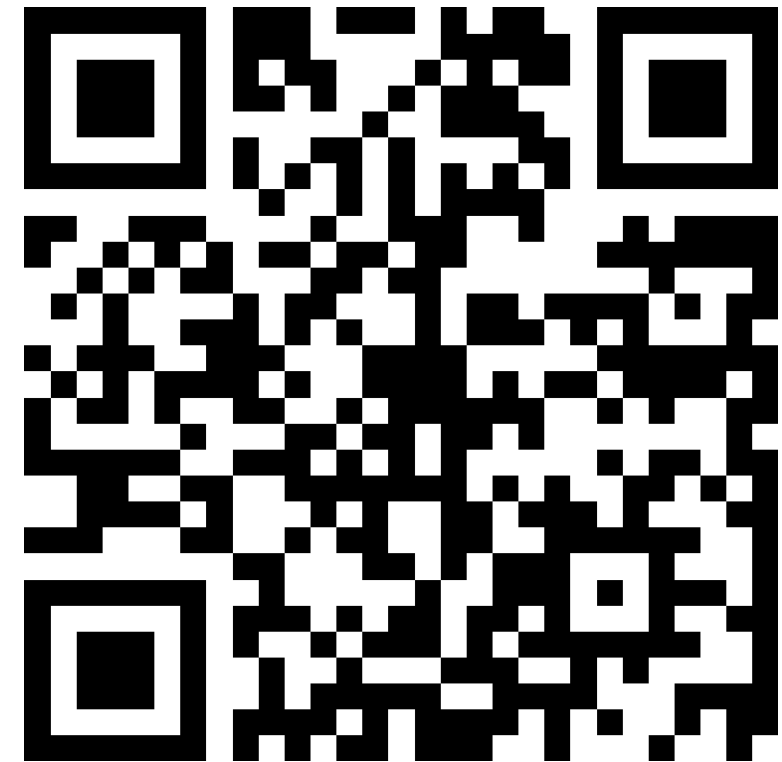
Treatment in a penicillin shortage

Audience response

**A 22-week pregnant patient has early syphilis.
You have no benzathine penicillin G today. What
do you do?**

1. Doxycycline 100 mg twice daily × 14 days
2. Ceftriaxone 1 g IM daily × 10 days
3. Azithromycin 2 g once
4. Obtain benzathine penicillin G — call the health department; desensitize if allergic

Slido





**A 22-week pregnant patient has early syphilis.
You have no benzathine penicillin G today. What
do you do?**

Syphilis treatment when benzathine penicillin G is unavailable

Pregnant

Benzathine penicillin G only.

Desensitize if allergic.

Call the health department.

Not pregnant

Doxycycline 100 mg twice daily.

14 days for early syphilis.

28 days for late or unknown duration.

Neuro-, ocular- or otosyphilis

IV aqueous penicillin G.

No substitutes.

18–24 million units daily,
10–14 days.

RPR at 6 and 12 months — expect a fourfold decline. Report to the local health jurisdiction within 3 days.

Benzathine penicillin G is scarce and reserved for pregnant patients

Effectively unavailable except for pregnant patients

2.4 million unit syringes

Intermittent back order, weekly releases

1.2 million unit syringes

Intermittent back order, weekly releases

600,000 unit syringes (pediatric)

Back order — estimated release October 2027

Benton-Franklin Health District holds 5 doses, reserved for pregnant clients.

Lentocilin: imported penicillin, and how to get it

\$28.57

per 1.2 million units

Cost Plus Marketplace

Free registration

No contract

No minimum order

What is different from Bicillin L-A

- Powder requiring reconstitution, not a prefilled syringe
- Diluent is 1.5% lidocaine
- Barcode may not scan on US systems

Who to contact

Benton-Franklin Health District

509-460-4200

WA DOH Office of Infectious Disease

leyna.yarosz@doh.wa.gov

Bacterial vaginosis

A sexually transmitted condition

Treating the male partner halves recurrence

63%

recurrence at 12 weeks
when only the woman is treated



35%

when the male partner is
treated at the same time

Hazard ratio 0.37 (95% CI 0.22–0.61). Trial stopped early for efficacy.

Partner: oral metronidazole 400 mg twice daily + 2% clindamycin cream to penile skin twice daily × 7 days

Off-label in the US.

Partner treatment

Expedited partner therapy

Expedited partner therapy is legal in Washington

EPT for exposure to GC and CT:

cefixime 800 mg PO x 1 AND doxycycline 100 mg PO BID x 7 days*

EPT for exposure to GC alone:

cefixime 800 mg PO x 1

EPT for exposure to CT alone:

doxycycline 100 mg PO BID x 7 days*

*Azithromycin 1 g can be considered but decreased efficacy for rectal CT

Expedited partner therapy is legal in Washington

Three ways clinics handle the prescription

Under the patient's name

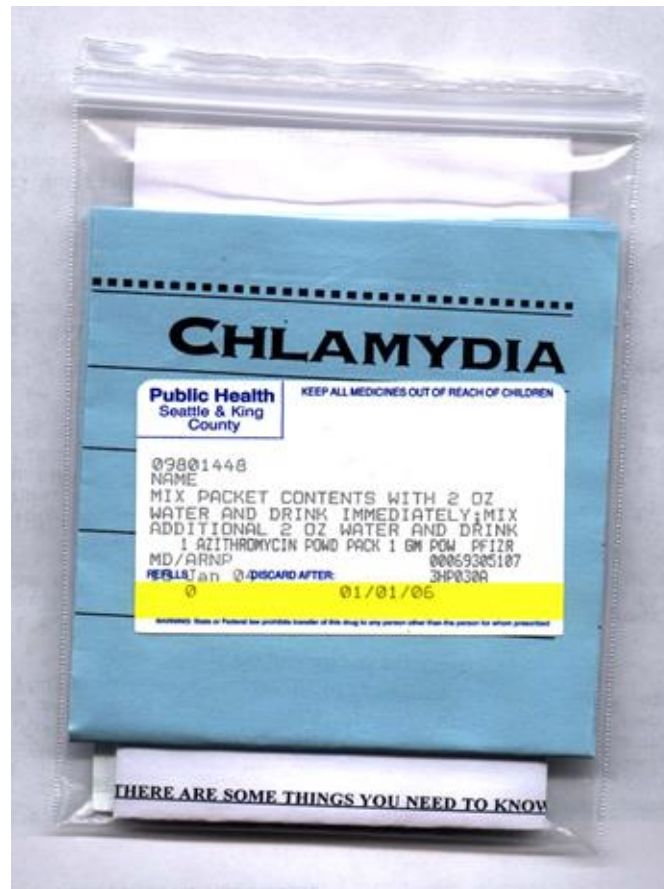
A note specifying which medication is for the partner so it is not billed to insurance.

Partner name and date of birth

Required by some pharmacies to send electronically or call it in.

Pre-made EPT packs

Assembled in advance with counselling information included.



Information included in pack:

- STI
- The antibiotics
- Complications
- When to seek care (PID)
- Adverse effects of abx

Section 3 — key points

- 1 Ceftriaxone 500 mg IM remains first line for gonorrhea at every anatomic site.
- 2 Penicillin is for pregnant patients. Doxycycline 14 days for early syphilis for everyone else.
- 3 Lentocilin is available through Cost Plus Marketplace

SECTION 4

What's new in Washington?

Case 1: a persistent annular rash

43-year-old man. Two months of itchy, well-demarcated, annular scaly plaques on inner thighs and buttocks.

Failed OTC clotrimazole. Failed OTC hydrocortisone.

Has sex with men and women. Travels frequently for work.

Living with HIV, virally suppressed, CD4 780.

What is this?

1. Tinea cruris
2. Other tinea
3. Secondary syphilis
4. Mpox
5. Erythrasma



What's new in Washington?

Image: Zucker J et al. Notes from the Field: Trichophyton mentagrophytes genotype VII — New York City, MMWR 2024;73(43).





43Y M. 2 months of itchy, well-demarcated, annular scaly plaques on inner thighs and buttocks. Failed OTC clotrimazole. Failed OTC hydrocortisone. Sex with men and women. Living with HIV, virally suppressed, CD4 780. What is the diagnosis?

TMVII presents as ringworm on the genitals, buttocks, face or trunk

Dermatophyte transmitted by skin-to-skin contact, including sexual contact.

Pruritic, well-demarcated, annular scaly lesions.

Topical steroids make it worse.

Washington State

One confirmed case in 2026.

Additional presumptive cases treated.

None reported in Benton or Franklin counties to date.



TMVII: test, but start terbinafine without waiting

CDC GUIDANCE

No CDC treatment guideline exists.

PHSKC / WA DOH HEALTH ADVISORY, 30 MARCH 2026

TEST IF

Anogenital ringworm — or ringworm elsewhere plus a partner with anogenital ringworm or confirmed TMVII.

PCR PREFERRED

More sensitive and faster than fungal culture. More expensive; gives no susceptibility information. Ask your laboratory; route through the public health laboratory.

TREAT EMPIRICALLY

Oral terbinafine 250 mg daily. 6–8 weeks, up to 12. Continue 2 weeks past symptom resolution. Topicals are not consistently effective.

AND

Test for syphilis and HIV. Offer PrEP and doxy-PEP.

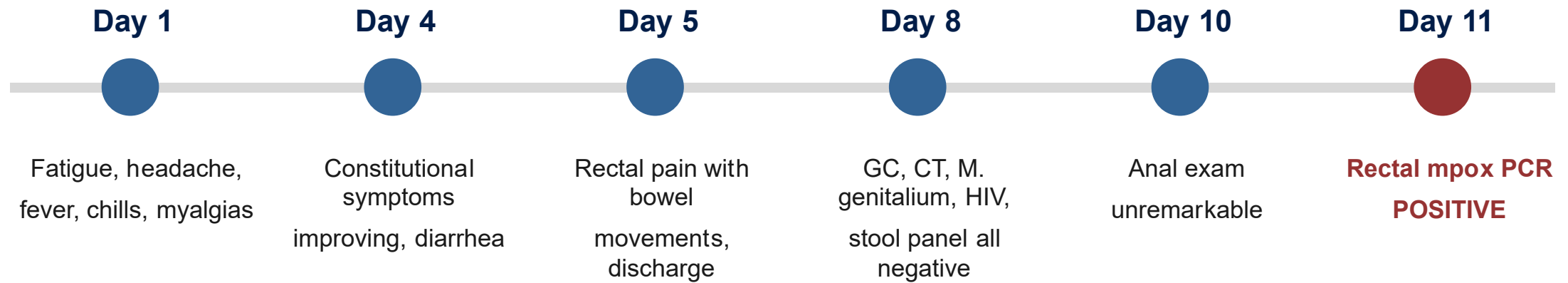
Consultation: PHSKC Sexual Health Clinic 206-744-3954

Mpox

Endemic and seasonal in Washington

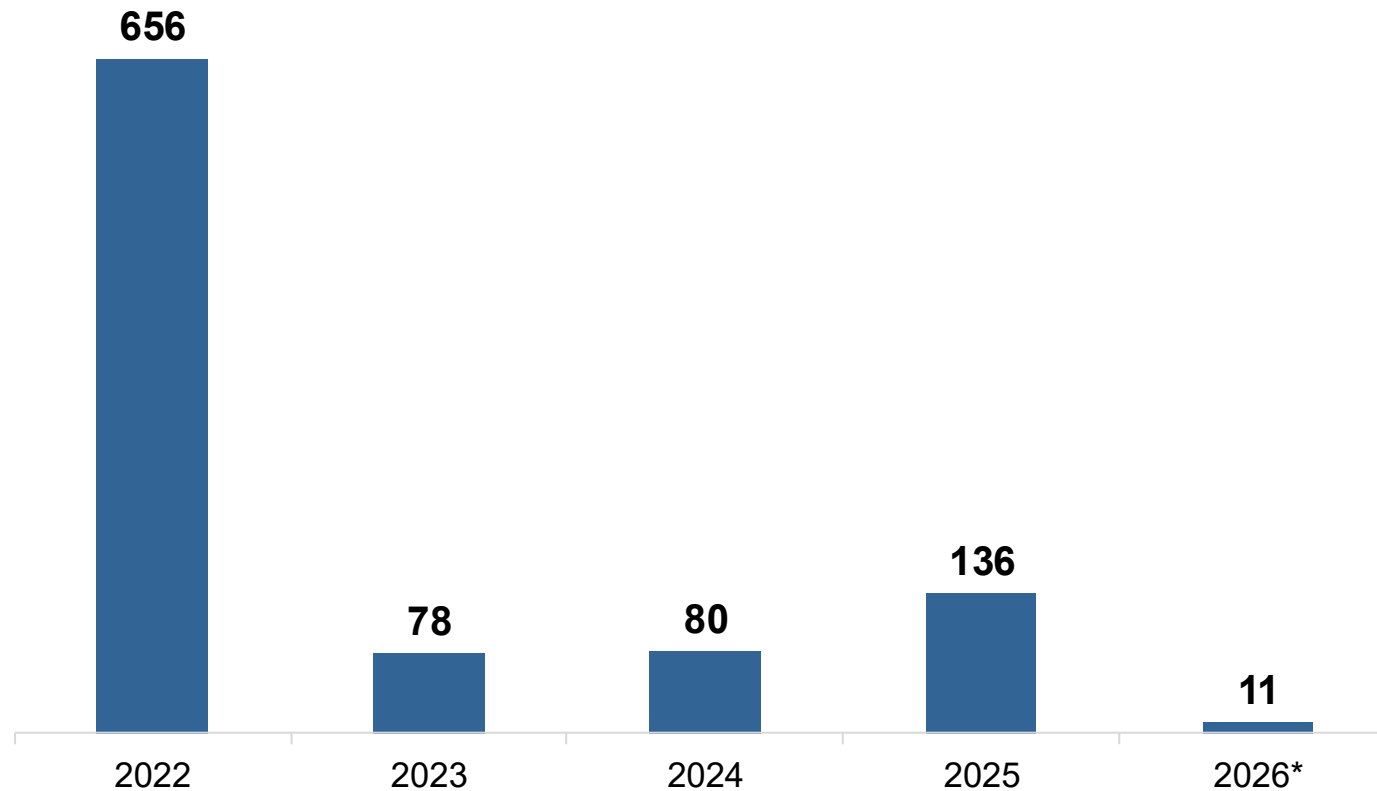
Case 2: proctitis after a bathhouse exposure

48 hours after sex at a bathhouse. Consistent doxy-PEP use. Daily F/TAF for PrEP. Completed the mpox vaccine series in 2022.



Full panel negative. Normal anal exam. Vaccinated. None of that excludes mpox.

Mpox has not gone away in Washington



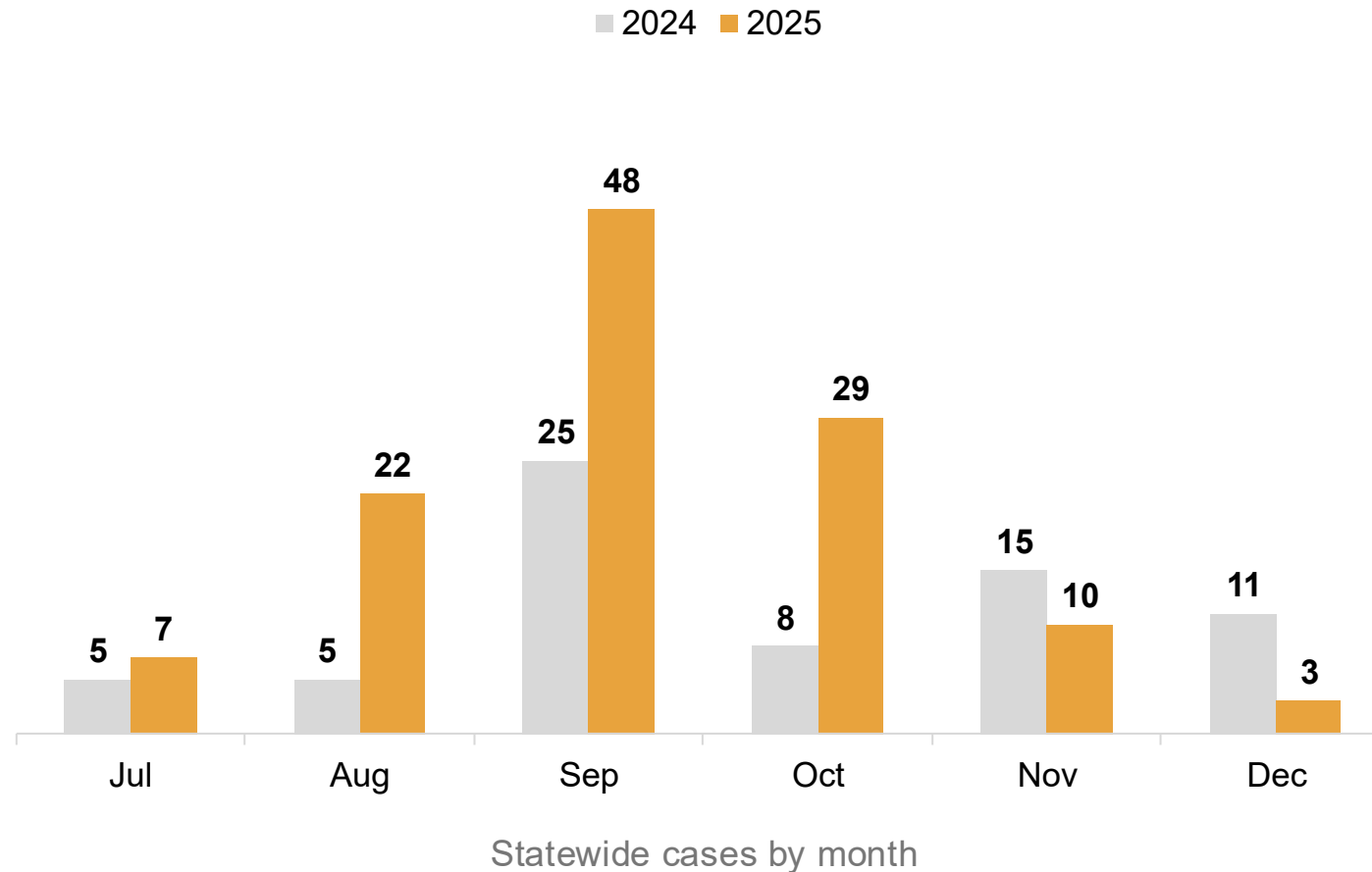
*2026 through 6 September

Benton County

Cases reported in 2025 and in January 2026.

Counts under the reporting threshold are suppressed in the public data.

September has been the peak month two years running



VisualDx

Proctitis may occur with no visible anogenital lesions.

Tecovirimat did not improve outcomes in clade II mpox

83%

tecovirimat

84%

placebo

clinical resolution at day 29 · hazard ratio 0.98 (95% CI 0.74–1.31), P = 0.89

No difference in pain, lesion healing, or viral clearance either.

Supportive care is the mainstay — fluids, sitz baths, stool softeners, topical lidocaine, adequate analgesia.

Section 4 — key points

- 1 Ringworm on the genitals or buttocks: start terbinafine 250 mg daily for 6–8 weeks.
- 2 Proctitis with a negative STI panel: send a rectal mpox PCR.
- 3 Vaccination and prior infection do not exclude mpox.

What to do Monday

- 1 Collect three sites for GC/CT, not urine alone.
- 2 Test everyone 45 and under for syphilis at least once.
- 3 Screen for syphilis three times in pregnancy.
- 4 Doxy-PEP prevents syphilis and chlamydia — not gonorrhea.
- 5 Ceftriaxone is still first line for gonorrhea at every site.
- 6 Anogenital ringworm: terbinafine 250 mg daily for 6–8 weeks, send testing
- 7 Proctitis with a negative panel: mpox PCR, rectal swab.

National STD Curriculum: free education and clinical tools



www.std.uw.edu

A no-cost, up-to-date website for health care professionals on STD and STI diagnosis, treatment and prevention.

- 10 lessons on the most common infections
- 29 question bank topics, 200+ interactive questions
- 32.5 free CME/CNE/CE hours; 13 pharmacology CE
- NSTDC Podcast, Image Library and Featured Quiz
- Illustrated Mpox Clinical Guide
- Learning group tool to assign content and track progress

SYPHILIS TOOLS

Free mobile and web app

Clinical reference for syphilis screening, testing and treatment. Works fully offline. No login. No PHI collected.

Screening	County-level rates and recommendations
Serologic testing	Interpret and compare titers
Staging	Clinical criteria and illustrations
Treatment	Regimens by stage and type
Monitoring	Interpret RPR/VDRL response
Sex partners	Evaluation and management

std.uw.edu/page/tools/app · [App Store](#) and [Google Play](#)



Audience Q&A

① The Slido app must be installed on every computer you're presenting from

slido

Thank you!

Allison Bauer, MD · a.bauer@bmh2h.org

STD Clinical Consultation Network · std.uw.edu · uwptc.org

Acknowledgment

This Mountain West AIDS Education and Training (MWAETC) program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of award TR7HA53202 totaling \$2,883,273 with 0% financed with non-governmental sources.

The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

Additional Topics

Sexual History taking Guide

PARTNERS

PRACTICES

**PROTECTION
FROM STIs**

PRIOR STI

**PREGNANCY
INTENTION**

Taking a History

Sexual History:

- ? In the past 6 months, have you had one or more sexual partners?
- ? What are the genders of your sexual partners? [parts used in sex]
- ? What type of protection do you use? Sometimes? All the time?
- ? Have you ever had an STI like Gonorrhea or Chlamydia? Have you ever been tested?
- ? How important is it to prevent pregnancy right now?

Drug Injection History:

- ? Have you ever injected drugs that were not prescribed for you?

If YES:

- ? When did you last inject drugs?
- ? Do you ever share supplies with someone else?

Gonorrhea cure by anatomic site and analysis population

	Urogenital	Pharyngeal	Rectal
Gepotidacin (micro-ITT)	92.6% (187/202)	78% (14/18)	100% (26/26)
Zoliflodacin (micro-ITT)	90.9% (460/506)	79.2% (42/53)	87.3% (69/79)
Ceftriaxone + azithromycin	91.2% / 96.2%	94% / 78.6%	80% / 88.6%
Zoliflodacin (evaluable)	96.8% (460/475)	91.3% (42/46)	95.8% (69/72)

The final row is the evaluable population, a prespecified sensitivity analysis excluding participants with missing or indeterminate test-of-cure results.

SURRG Testing: Resistant Gonorrhea

Strengthening the US Response to Resistant Gonorrhea



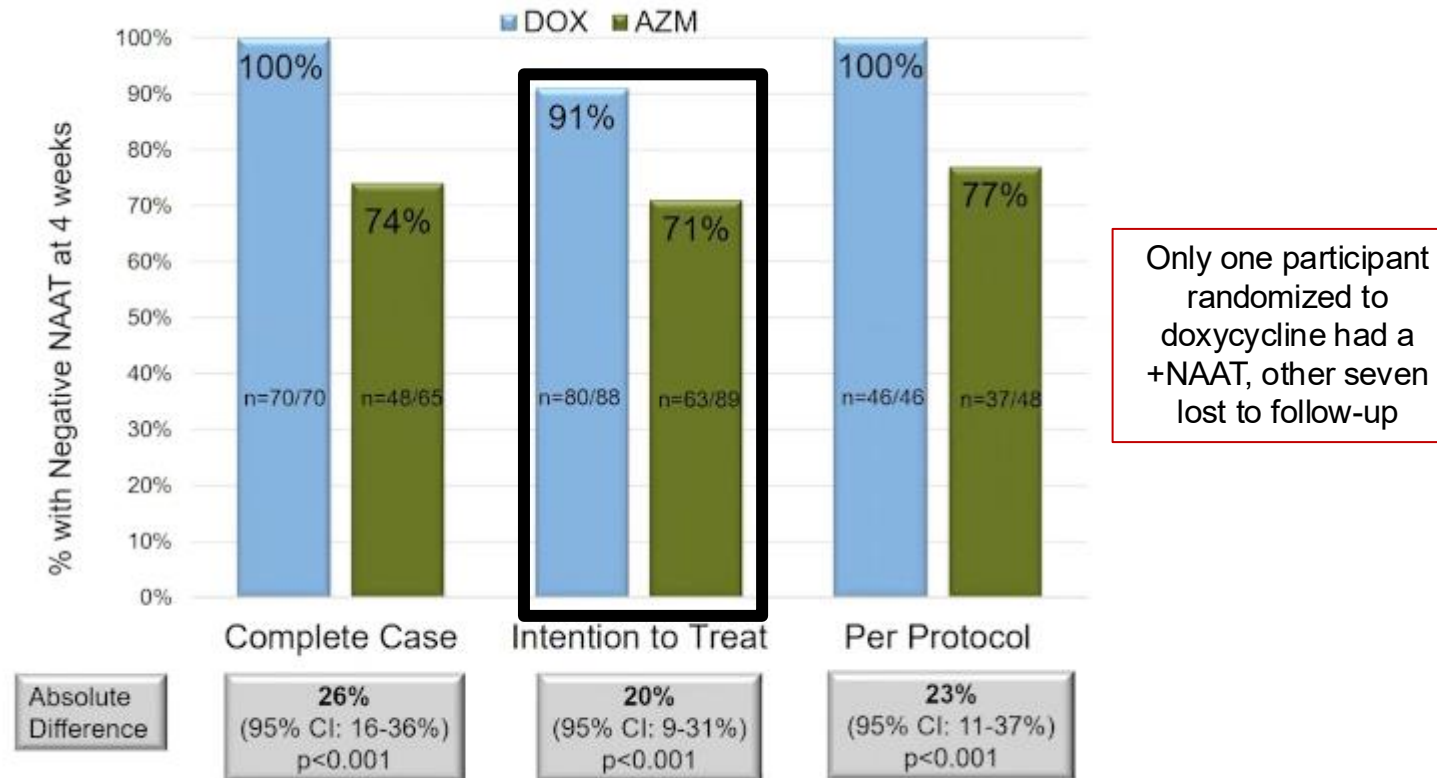
When to do SURRG test:

- + gonorrhea test
- Known exposure to gonorrhea
- Concern for treatment failure
- GC symptoms

- Extra swab/urine at site of exposure, or positive site
- Run for culture, through public health
- Wait time (2-3 weeks)
- Patient notification



First RCT of Doxycycline vs Azithromycin for Rectal CT: Microbiologic cure at 4 weeks



Chlamydia Treatment:

Urogenital/ Rectal/ Pharyngeal

Change in 2021 STI
Treatment Guidelines

Recommended regimens (non-pregnant):

- Doxycycline 100 mg orally twice daily for 7 days*

Alternative regimens (non-pregnant):

- Azithromycin 1 g orally in a single dose **OR**
- Levofloxacin 500 mg orally once daily for 7 days

*Doxycycline delayed-release 200 mg, once-daily dosing for 7 days effective for urogenital CT.
More costly but lower frequency GI side effects than standard doxycycline.

Chlamydia Treatment: Pregnancy

Recommended regimen (pregnant*):

- Azithromycin 1 g orally in a single dose

Alternative regimens (pregnant*):

- Amoxicillin 500 mg orally three times a day for 7 days

*** Test of cure at 3-4 weeks only in pregnancy**

Mycoplasma genitalium

- Do not screen asymptomatic patients.
- Test only persistent or recurrent urethritis or cervicitis.
- Doxycycline 100 mg twice daily × 7 days, then moxifloxacin 400 mg daily × 7 days.
- Macrolide resistance exceeds 50%; resistance testing remains unavailable in the US.
- Causes 15–30% of symptomatic non-gonococcal urethritis and up to 40% of persistent NGU.
- Ureaplasma: do not test, do not treat.

Chlamydia and trichomoniasis regimens

- Chlamydia: doxycycline 100 mg twice daily × 7 days, all anatomic sites.
- Azithromycin 1 g is second line, with reduced efficacy at rectal sites.
- Trichomoniasis in women: metronidazole 500 mg twice daily × 7 days.
- Single-dose alternative: secnidazole 2 g once, also approved for bacterial vaginosis.
- Trichomoniasis in men: metronidazole 2 g once remains appropriate.
- Retest all three at 3 months for reinfection.

Doxy-PEP adverse effects

- Fixed drug eruption on the genitals or lips is regularly mistaken for herpes or syphilis.
- Management: stop the drug, supportive care. Recurrence risk on rechallenge is moderate to high.
- Photosensitivity.
- Pill esophagitis: take with a full glass of water and remain upright for one hour.
- Minocycline is an alternative if doxycycline is not tolerated.

TMVII: severe presentations



Facial and beard involvement can produce kerion-like inflammatory plaques. Terbinafine courses may extend to 12 weeks. Itraconazole is an alternative.

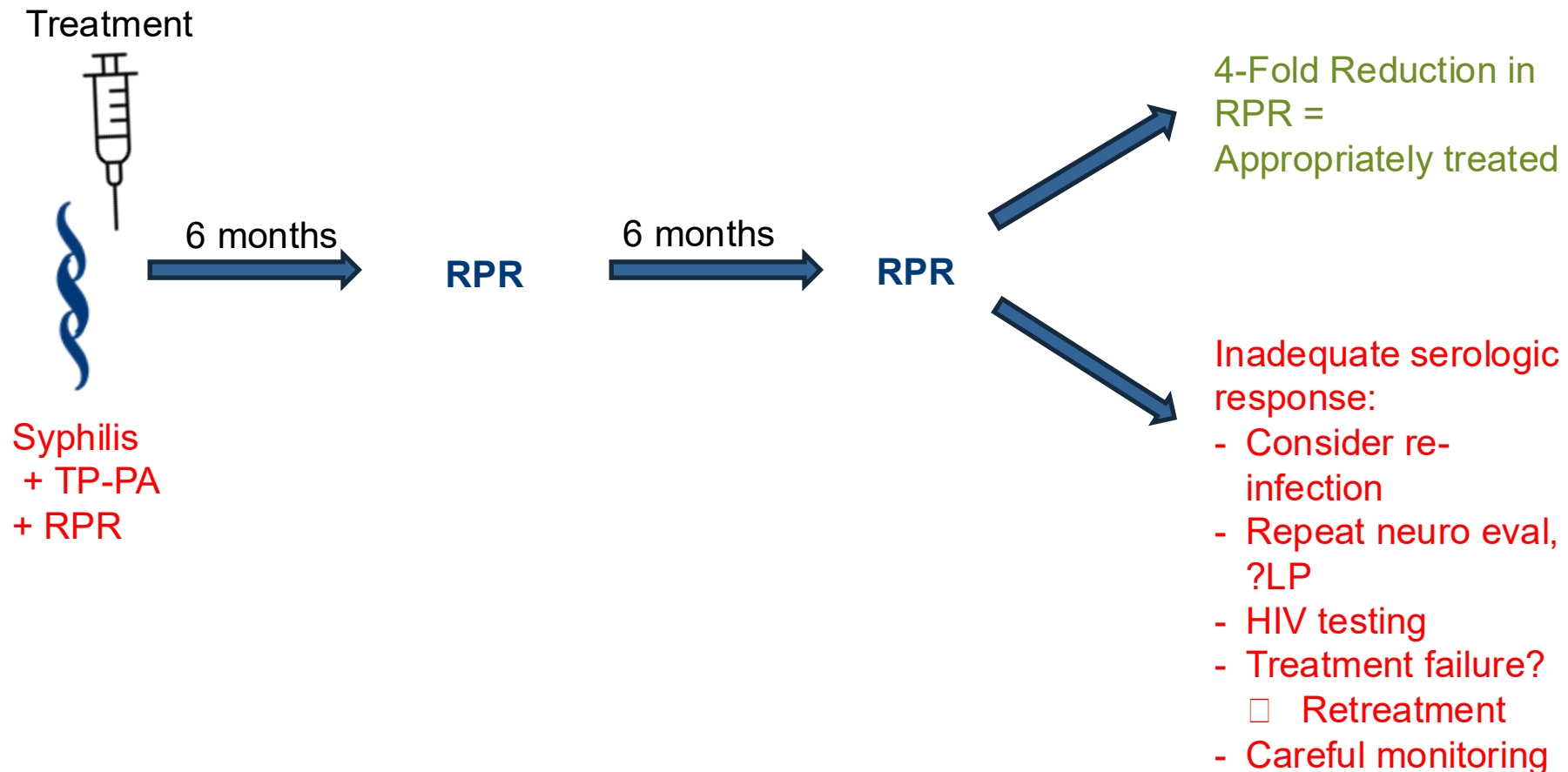
When to evaluate for neurosyphilis

- Any neurologic symptom: cranial nerve palsy, meningitis, altered mental status, stroke.
- Any ocular symptom: vision change or uveitis. Treat as neurosyphilis.
- Any auditory symptom: hearing loss or tinnitus. Treat as neurosyphilis.
- Treatment: IV aqueous crystalline penicillin G 18–24 million units daily × 10–14 days.
- Benzathine penicillin G does not treat neurosyphilis.
- Ocular and otic syphilis do not require lumbar puncture before treatment.

Neurosyphilis Screening Tool

Questions	
<u>Symptoms of Otosyphilis</u>	
1) Have you recently had new trouble hearing?	☐ Yes – refer to ENT ☐ No
2) Do you have ringing in your ears?	☐ Yes – refer to ENT ☐ No
<u>Symptoms of Ocular syphilis</u>	
3) Have you recently had a change in vision?	☐ Yes – refer to ophthalmology ☐ No
4) Do you see flashing lights?	☐ Yes – refer to ophthalmology ☐ No
5) Do you see spots that move or float by in your vision?	☐ Yes – refer to ophthalmology ☐ No
6) Have you had any blurring of your vision?	☐ Yes – refer to ophthalmology ☐ No
<u>Symptoms of neurosyphilis</u>	
7) Are you having headaches?	☐ Yes ☐ No
8) Have you recently been confused?	☐ Yes ☐ No
9) Has your memory recently gotten worse?	☐ Yes ☐ No
10) Do you have trouble concentrating?	☐ Yes ☐ No
11) Do you feel that your personality has recently changed?	☐ Yes ☐ No
12) Are you having a new problem walking?	☐ Yes ☐ No
13) Do you have weakness or numbness in your legs?	☐ Yes ☐ No

Syphilis Treatment: Follow up



DOXYPEP Efficacy

Table 1. Results of randomized clinical trials of doxycycline PEP

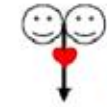
Study	Number of participants	STI rate*		Relative Risk Reduction	Absolute Risk Reduction
		Doxy PEP	No Doxy PEP		
DoxyPEP	501	10.7% per quarter	31.9% per quarter	65%	140 per 100 person years [†]
DoxyVac	502	26.1 per 100 person-years	76.7 per 100 person-years	66%	51 per 100 person years
IPERGAY	232	37.7 per 100 person-years	69.7 per 100 person-years	47%	32 per 100 person years

*Trials reported differing STI outcomes and time periods. Doxy PEP = gonorrhea, chlamydia or syphilis per 3 months; DoxyVAC and IPERGAY = gonorrhea, chlamydia or syphilis per 100 person years.

[†]DoxyPEP absolute risk reduction estimated based on unpublished data.

Doxy PEP – How to Take

Two 100mg pills of doxycycline ideally within 24 hours
but no later than 72 hours after condomless sex

 = sex without a condom,
including oral sex

Example: Sex on Sat; take dose of doxy by Tues



Example: Sex on Thursday; take dose of doxy by Sunday



Example 2: Daily (or more) sex Sat-Tues; take daily dose of doxy and last dose within 24 hours *but not later than 72 hours* after last sex



No more than 200 mg every 24 hours

Monitoring on DoxyPEP

Laboratory

- No serious lab abnormalities in DoxyPEP
- Package insert: LFTs, renal function & CBC checked “periodically” when taking doxycycline for a prolonged period
- Take home:
 - No baseline labs needed
 - Consider checking annually



STIs

- Screen for STIs every 3 months at all anatomic sites of exposure
 - *Can we screen less frequently?*
May depend on patient factors
- If diagnosed with an STI on doxy-PEP, treat according to the CDC STI treatment guidelines



Tetracycline-resistant colonizing organisms in doxy-PEP users

	Doxy-PEP in last month (n=227)	No doxy-PEP (n=602)
Staphylococcus aureus	27%	36%
MRSA	1%	1%
Tetracycline-resistant MSSA	18%	8%
Tetracycline-resistant MRSA	1%	1%
Group A streptococcus	9%	4%
Tetracycline-resistant group A strep	8%	3%

Pooled nasal and pharyngeal swabs. Overall *Staphylococcus aureus* carriage was lower among doxy-PEP users; tetracycline-resistant strains were more common.

Meningococcal B vaccine and gonorrhea

~~~30–40%~~

cross-protection suggested by  
observational studies

**No effect**

GoGoVax randomized trial, n=587  
no effect at any anatomic site

- England began offering the vaccine to men at higher risk in 2025; a region of Spain did the same. Both acted on the observational data.
- DOXYVAC and MenGO reached the same null conclusion.
- Efficacy in women and in lower-risk groups has not been tested.

**Give the vaccine for the indication it has — meningococcal disease.**