

STIs IN SF: OPPORTUNITIES & CHALLENGES

HIV Community Planning Council

Stephanie Cohen

Director, STI/HIV Branch

8/25/25



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Addressing Sexually Transmitted Infections (STIs) through an integrated, patient-centered approach

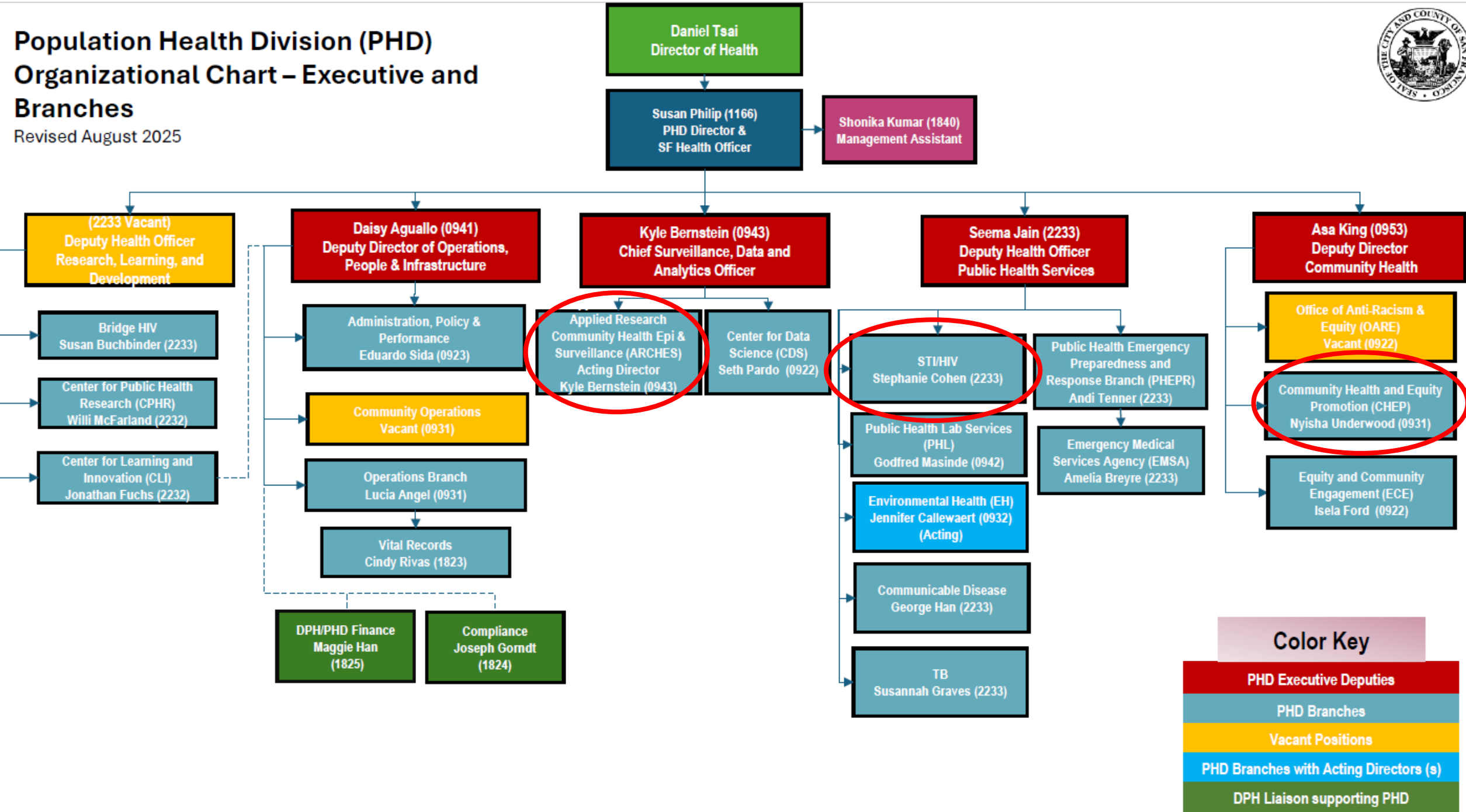
- STI epidemiology updates
- Programmatic efforts to address STIs
- Challenges



Population Health Division (PHD)

Organizational Chart – Executive and Branches

Revised August 2025



What STIs will we discuss?

- Reportable STIs

- HIV
- **Gonorrhea**
- **Chlamydia**
- **Syphilis**
- **Mpox**
- Hepatitis B
- Hepatitis C
- GI pathogens – Shigella, Salmonella, Campylobacter, Giardia

- Not reportable STIs

- Trichomonas
- Mycoplasma genitalium
- Herpes
- HPV

Priority populations are those at highest risk for, or severe complications of, STIs, HIV, and HCV

- Gay and bisexual men and other men who have sex with men (MSM)
- Adolescents and young adults of color
- Transgender persons
- People experiencing homelessness
- People who use drugs
- People experiencing incarceration
- Pregnant people (preventing congenital syphilis cases)

STIs continue to
be a public
health priority

The State of STIs in the U.S. in 2023



1.6 million cases of **CHLAMYDIA**;
9% decrease since 2019.



601,319 cases of **GONORRHEA**;
2% decrease since 2019.



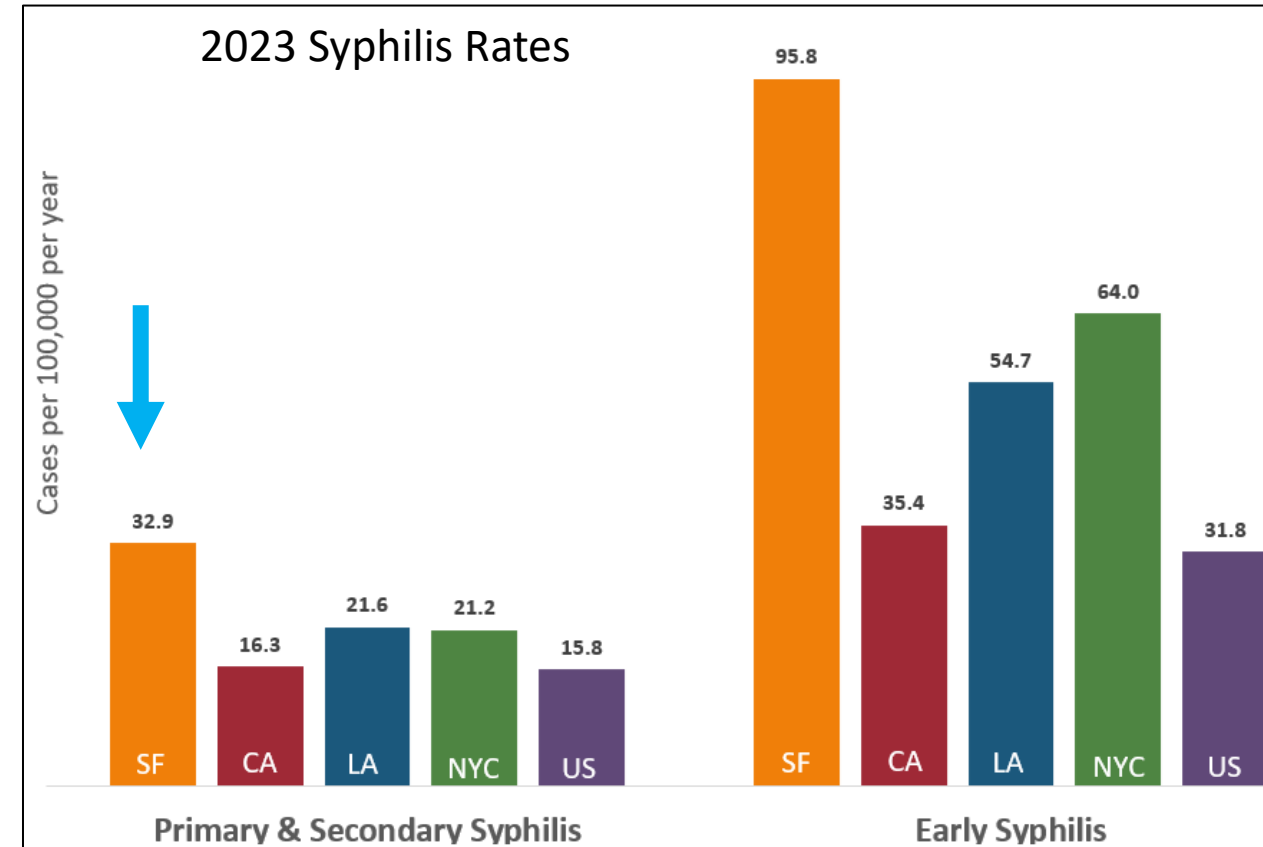
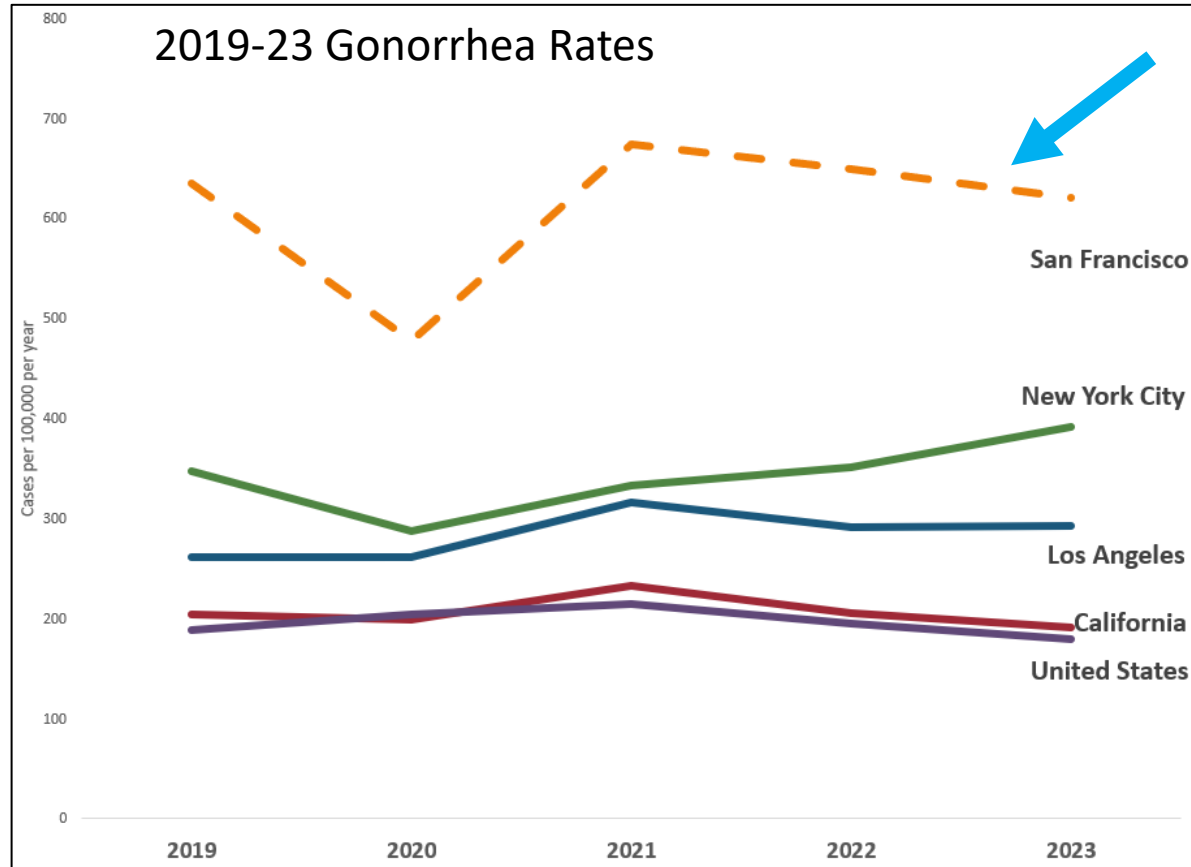
209,253 cases of **SYPHILIS**;
61% increase since 2019.



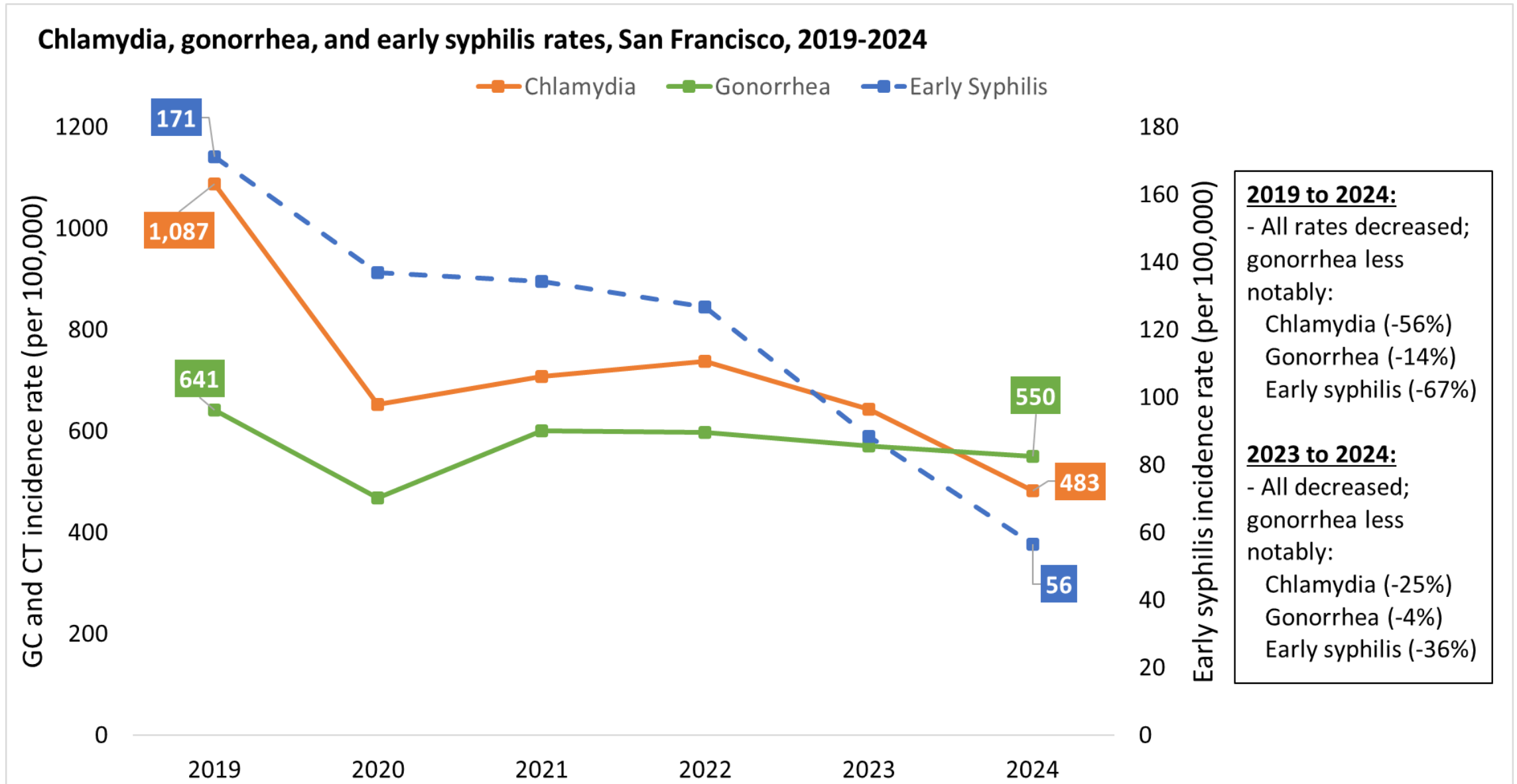
3,882 cases of **SYPHILIS**
AMONG NEWBORNS;
106% increase since 2019.



SF has higher chlamydia, gonorrhea, and syphilis rates compared to all of California and the United States, as well as Los Angeles and New York City



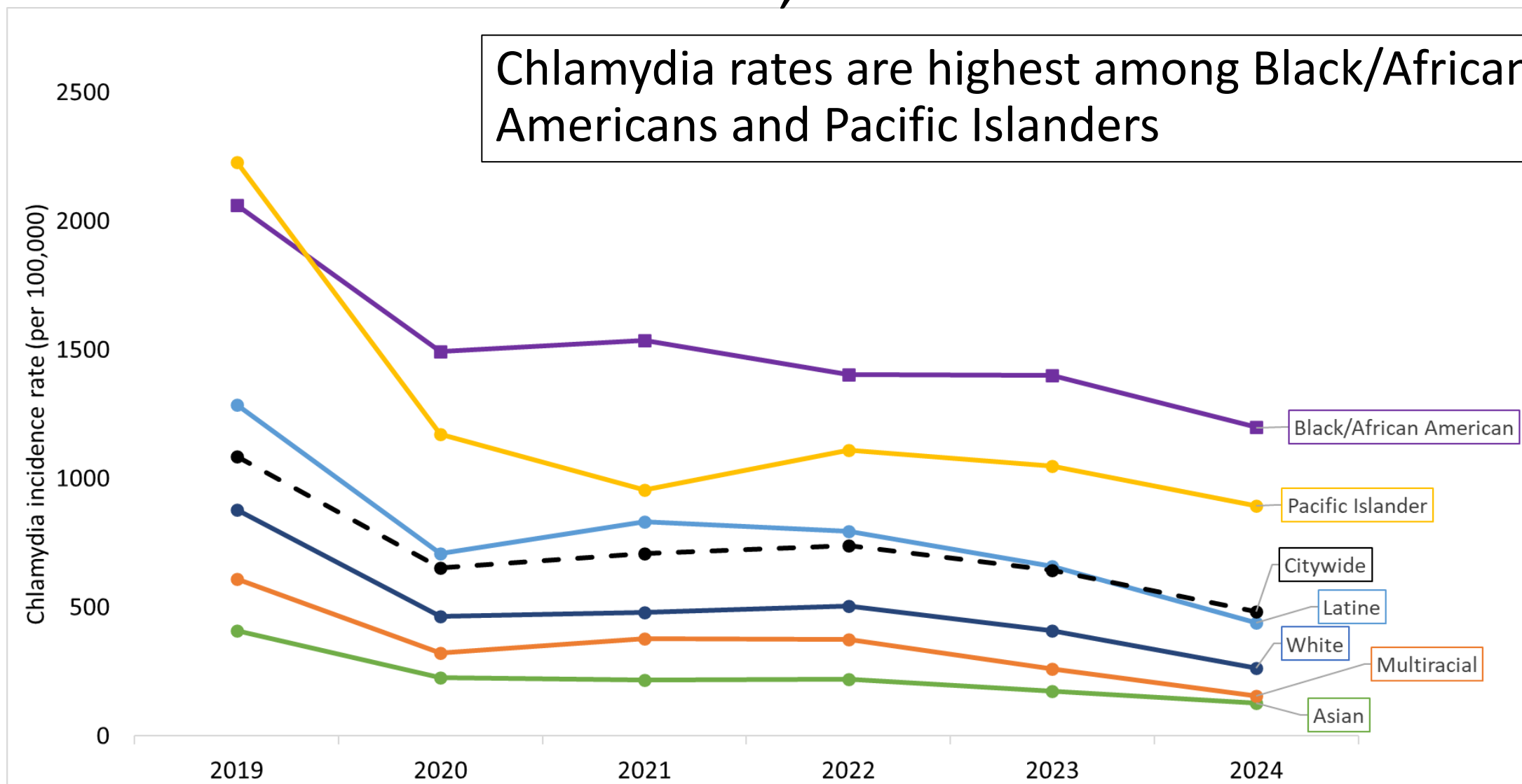
Annual STI incidence rates for chlamydia, gonorrhea, and syphilis **decreased** among San Francisco residents from 2019 to 2024



Racial/Ethnic Disparities in STIs

Chlamydia incidence by race/ethnicity

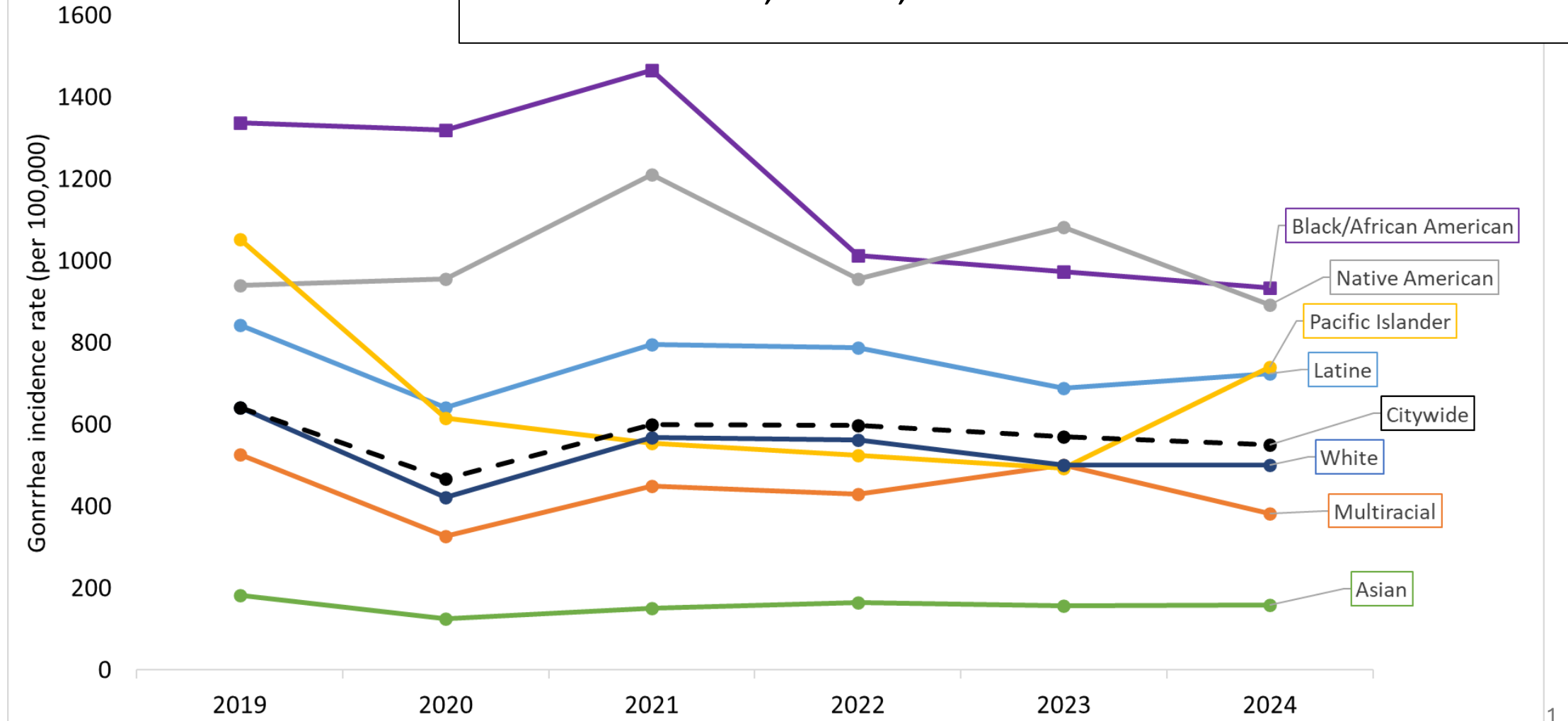
San Francisco, 2019-2024



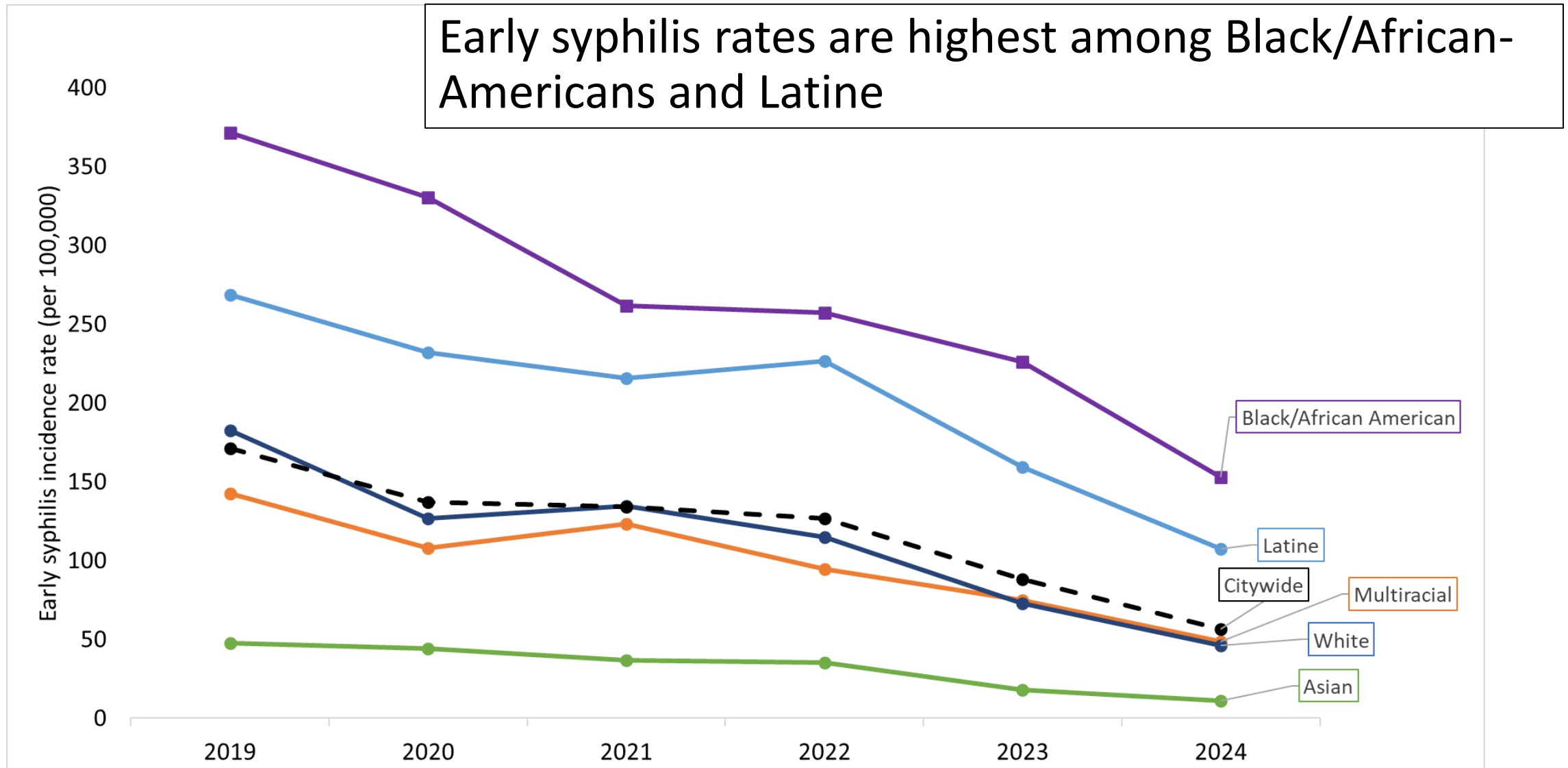
Gonorrhea incidence by race/ethnicity

San Francisco, 2019-2024

Gonorrhea rates are highest among Black/African-Americans, Pacific Islanders, Latine, and Native Americans



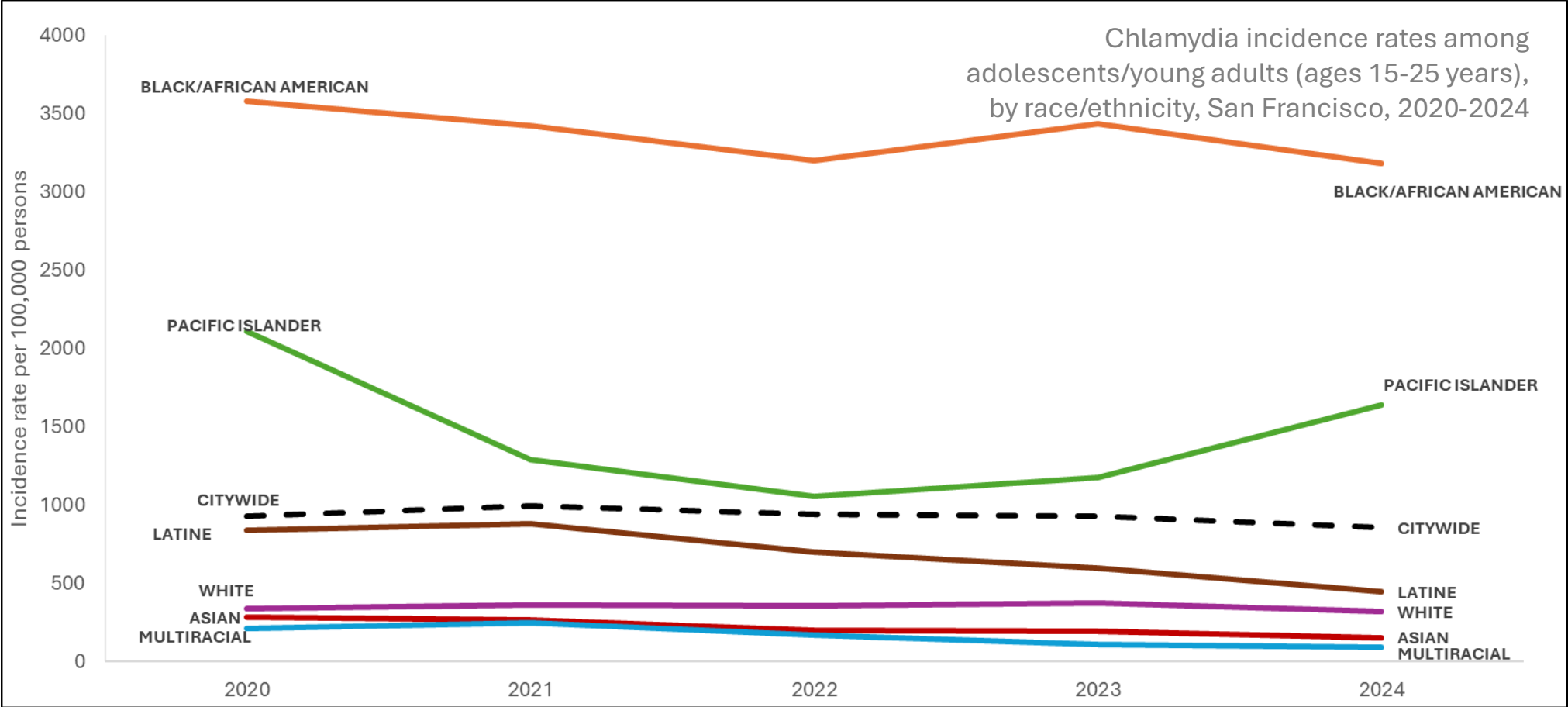
Early syphilis incidence by race/ethnicity San Francisco, 2019-2024



*Rates among Native Americans and Pacific Islanders not presented due to low case counts and unstable rates.

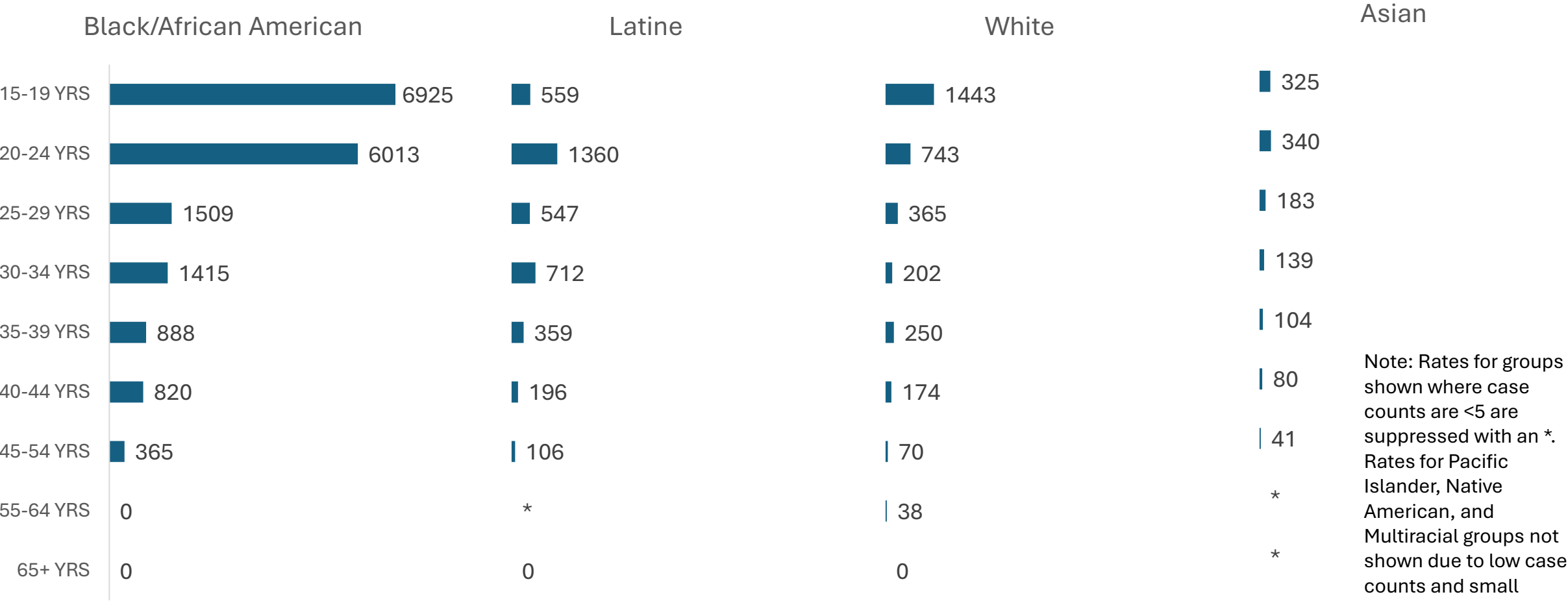
STI rates among youth

Chlamydia rates among adolescents/young adults are highest among Black/African-American and Pacific Islander youth (15-25 years)



Note: rates for Native Americans not displayed due to low case counts (<5) and unstable rates

2024 chlamydia rates are highest in younger women, especially Black/African Americans

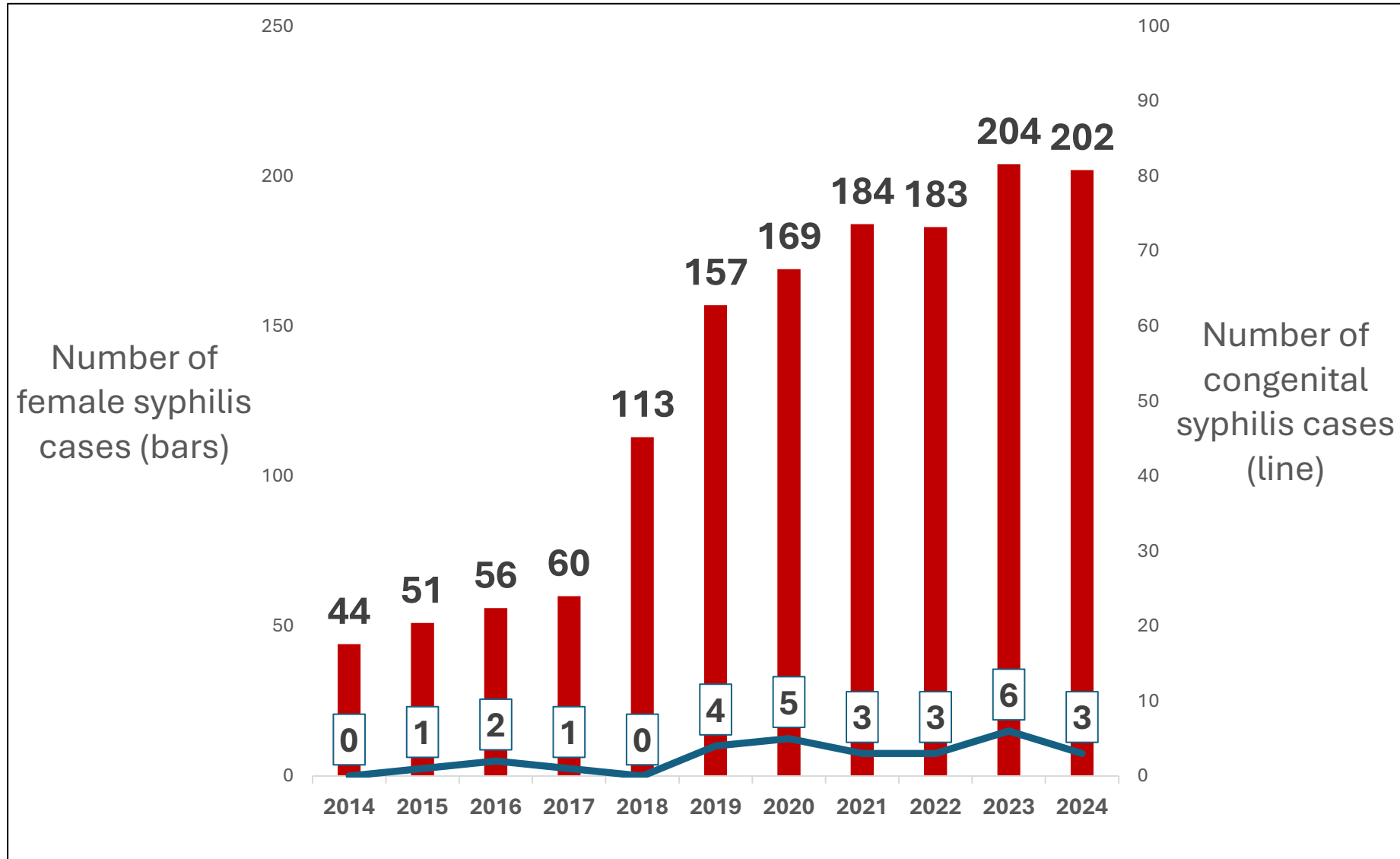


Note: Rates for groups shown where case counts are <5 are suppressed with an *. Rates for Pacific Islander, Native American, and Multiracial groups not shown due to low case counts and small populations leading to unstable rates.

2024 female chlamydia rates per 100,000 population, by race/ethnicity and age group, San Francisco

Syphilis among people who can become
pregnant and congenital syphilis

Increases in SF of total female syphilis and congenital syphilis cases have continued since 2014*



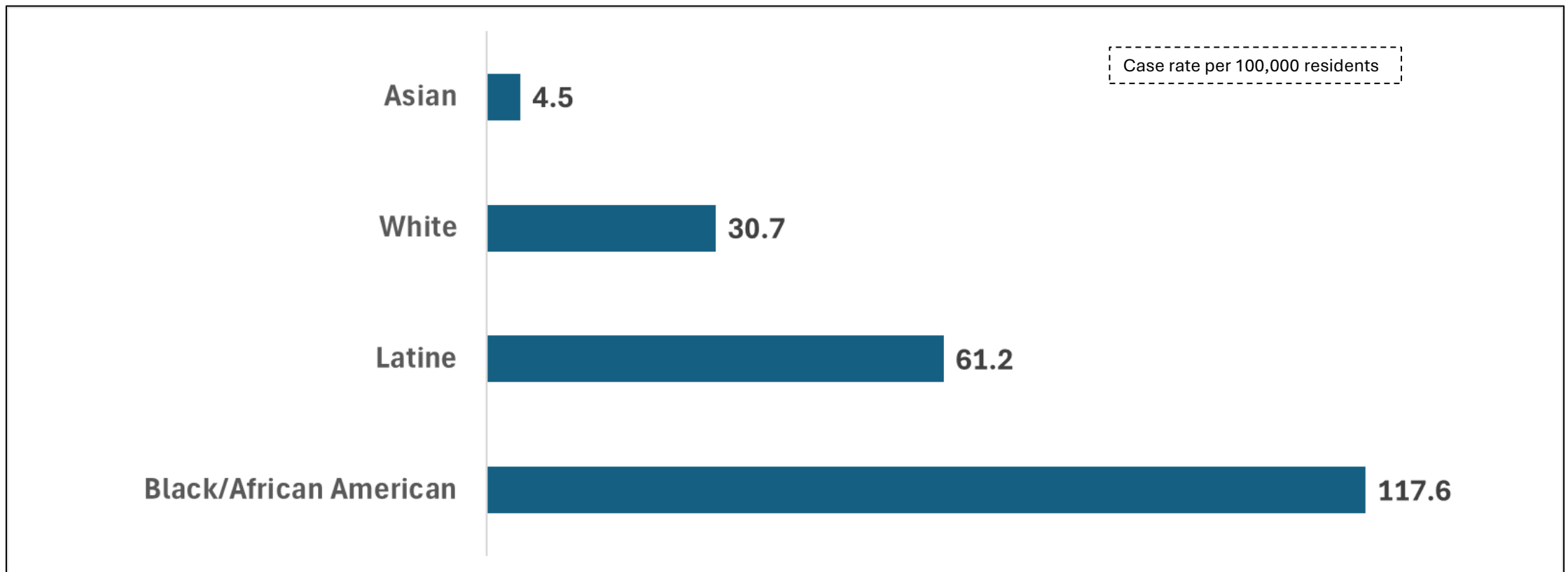
In 2024, of 202 female syphilis cases:

- 15 pregnant
 - 3 of whom were PEH,
 - 6 reported meth use,
 - 1 reported heroin use,
 - 2 lacked medical care

* Female syphilis cases in SF include people whose sex at birth is female, or whose gender identity is female or trans male, and include persons with positive treponemal tests but lack report of a positive non-treponemal test.

Rate of SF female syphilis cases (all stages) by race/ethnicity, 2024

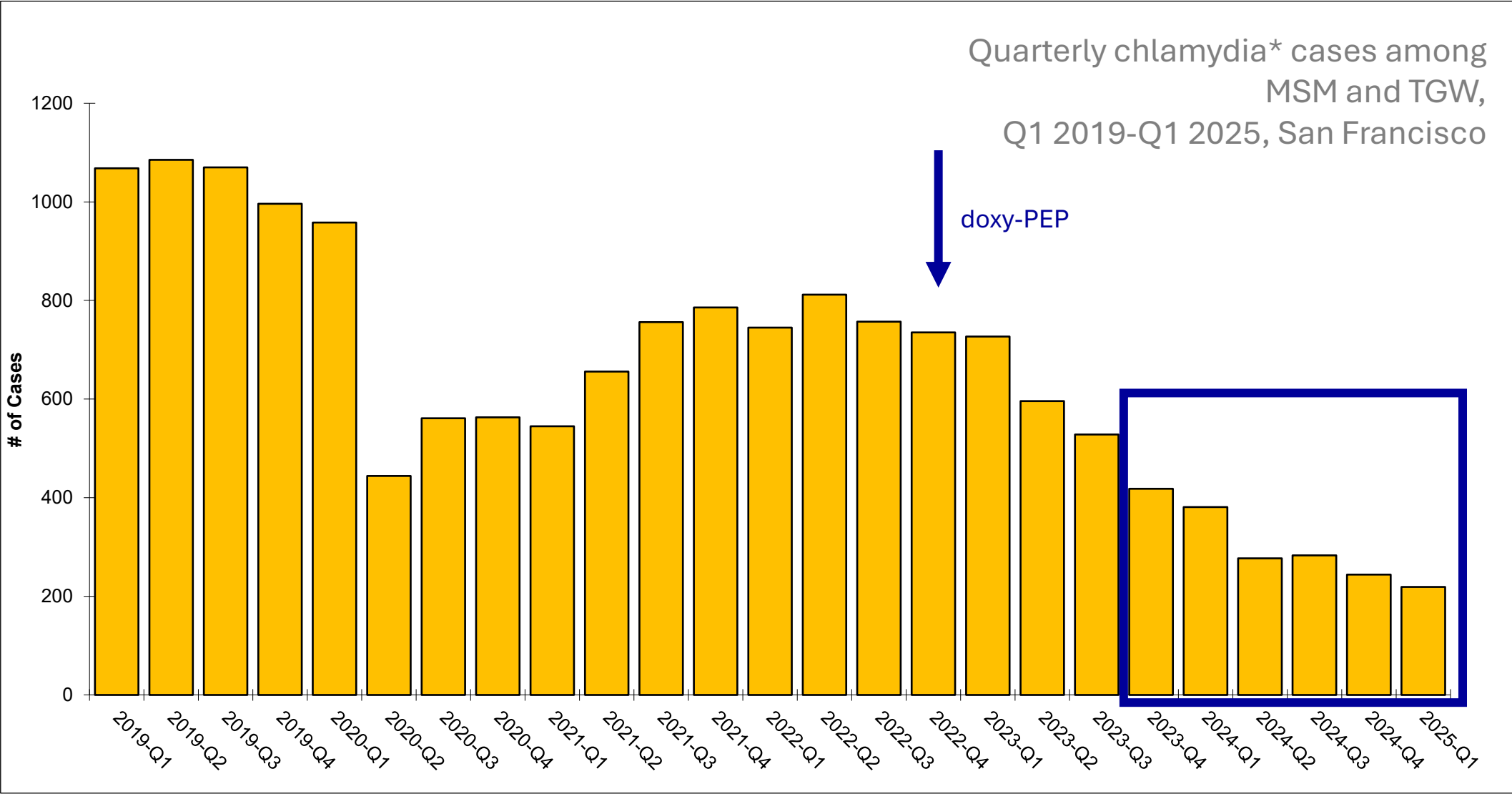
Rates of syphilis infection are highest amongst
Black/African-American and Latine SF female residents



Monitoring STI trends among men who have sex with men and trans women since doxy-PEP roll-out

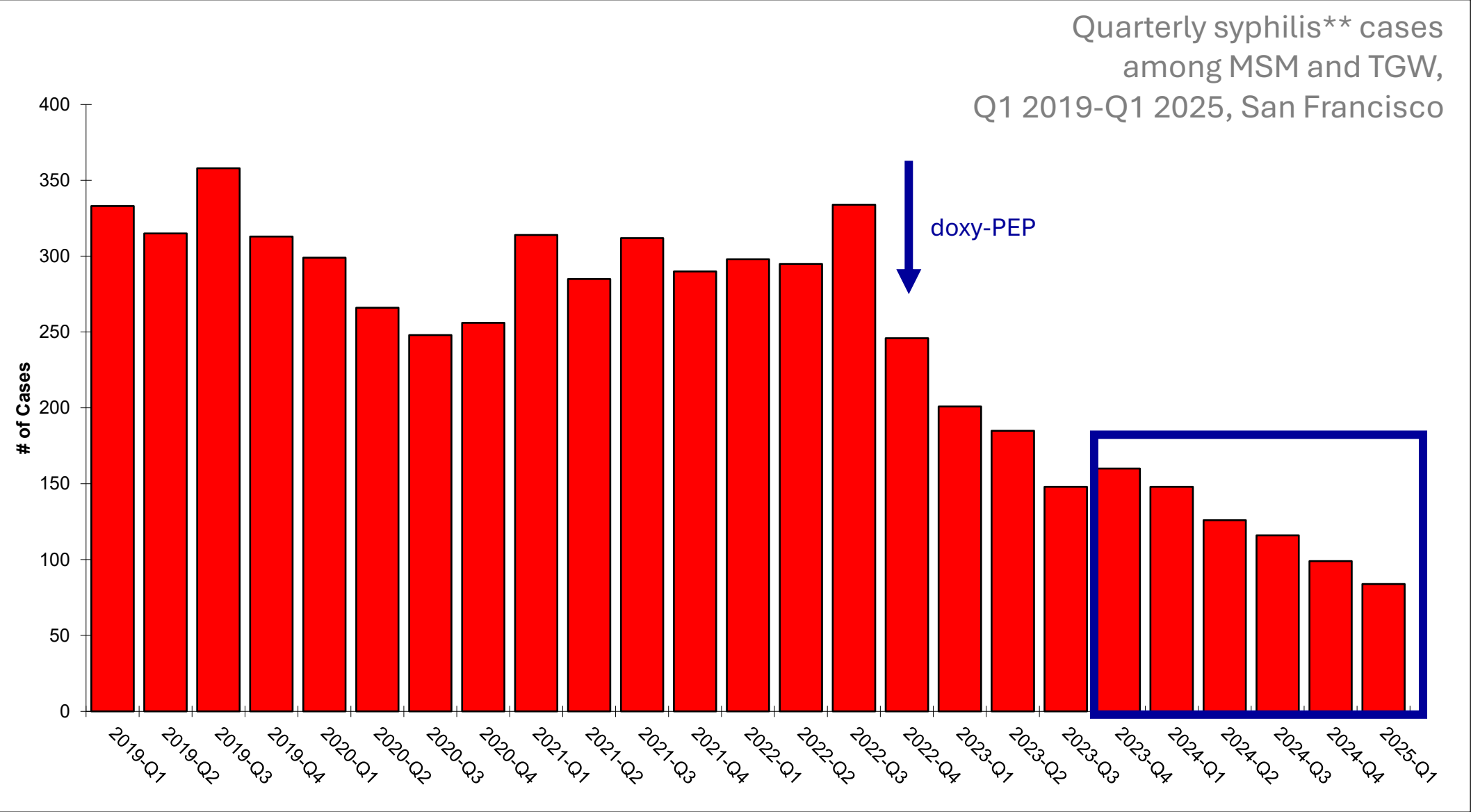
- **Doxy-PEP for STI prevention**: 200 mg doxycycline within 72 hours of condomless sex
- Three randomized controlled trials have demonstrated efficacy of doxy-PEP in preventing bacterial STIs in men who have sex with men (MSM) and trans women
 - Two of four clinical sites in US DoxyPEP study were in SF (Ward 86 and SF City Clinic)
- SFDPH was 1st in nation to release citywide doxy-PEP guidelines in October 2022
- By November 2023, chlamydia and syphilis case counts were 50% and 51% lower than modeled predictions

Among men who have sex with men (MSM) and trans women (TGW):
Quarterly citywide chlamydia and syphilis cases **continued to decline** in 2024.

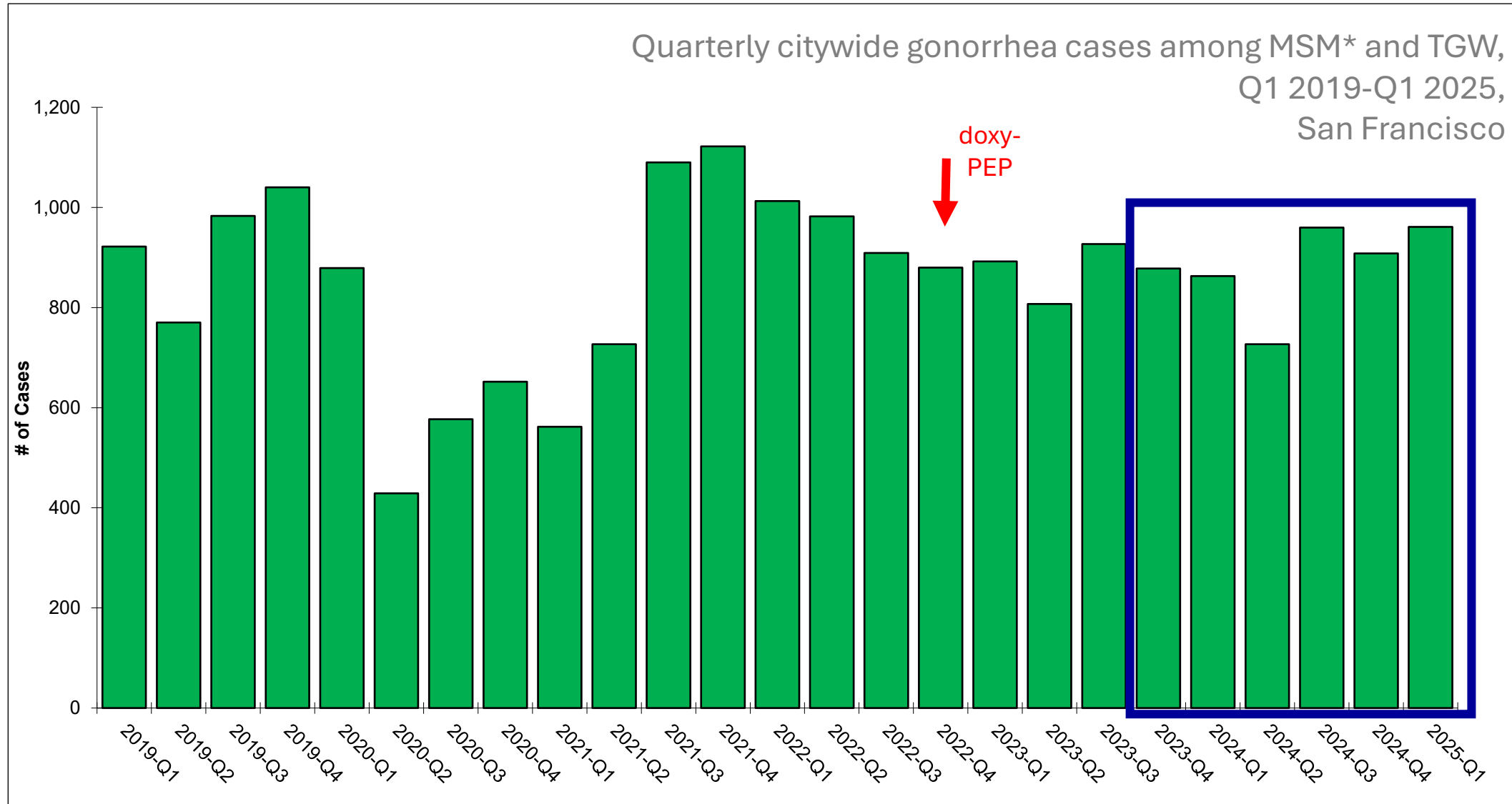


* MSM identified by reported gender identity and sex of sex partners in past 10 years or 10-year history of extragenital testing

Among men who have sex with men (MSM) and trans women (TGW):
Quarterly citywide chlamydia and syphilis cases **continued to decline** in 2024.



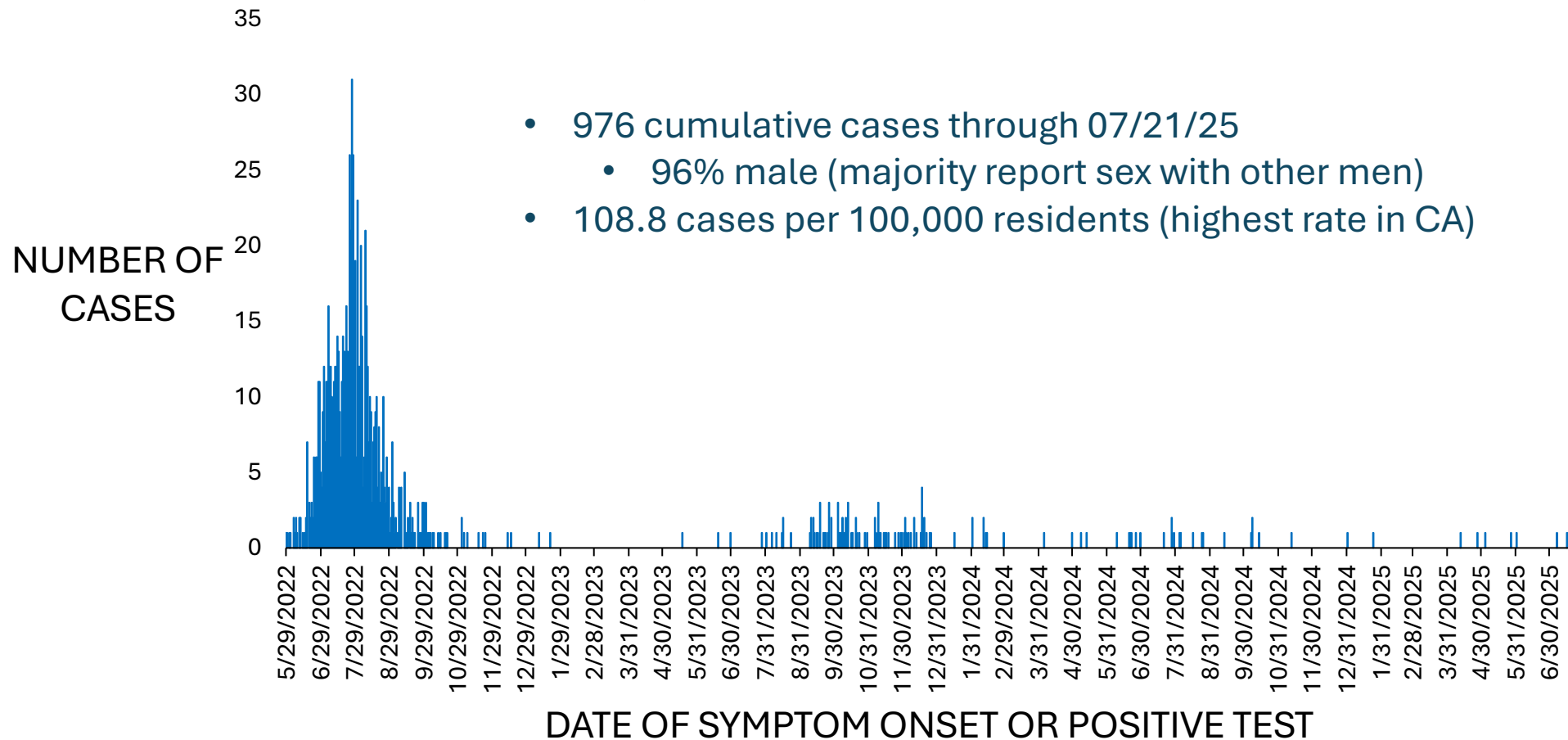
Since Q3 2023, quarterly gonorrhea cases **among men who have sex with men (MSM) and trans women (TGW)** have not steadily declined as seen with chlamydia and syphilis.



Mpox

Sporadic and low number of mpox cases in SF, with upticks in summer

Number of new mpox cases by date of symptom onset
(if available) or earliest positive test date,
San Francisco, 05/29/2022 - 07/21/2025*



As of July 2025:

- 10 cases in 2025
- 19 cases in 2024 by 07/21
- 33 cases in 2024 total

* Last updated 07/29/2025

STI Epidemiology Summary

- **Syphilis rates are still high among cis women** while rates among cis-males are decreasing.
- The multi-fold increase in the number of pregnant syphilis cases has not led to a multi-fold increase in congenital syphilis cases.
Elimination of congenital syphilis remains a high priority.
- Continued STI **disparities among adolescents and young adults**
- **Declines seen in chlamydia and syphilis among MSM and transwomen** since introduction of doxy-PEP were statistically significant and have continued.
- Mpox is not eliminated. Important to **continue to promote the mpox vaccine.**

Prioritized strategies to reduce STIs and promote sexual health

- Innovate and continuously improve at SF City Clinic and LINCS
- Support equitable access to biomedical prevention tools
- Collaborate with health systems, providers and community partners to prevent congenital syphilis
- Ensure low-barrier access to STI screening through Health Access Points (HAPs) and home testing
- Rapidly implement new point of care STI diagnostics
- Outreach and engage B/AA, Latinx and Youth

SF City Clinic: Our Hub for Sexual Health Services, Training and Research

- Approximately **13,000 visits annually**
- A **safety net clinic** for all sexual health services
- Our doors are **open to all San Franciscans** regardless of insurance status or ability to pay
- Our services are sought out by patients from the Bay Area, across the country and international visitors
- We serve a **racially and ethnically diverse population**



Mon, Wed, Fri 8 a.m. – 4 p.m.

Tues 1 p.m. – 6 p.m.

Thurs 1 p.m. – 4 p.m.

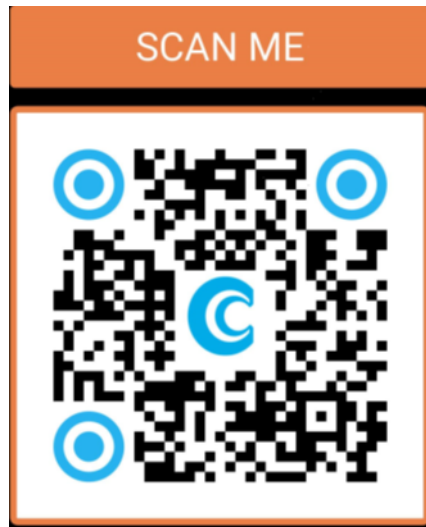
We are closed on all major holidays.

Main line: 628-217-6600

Provider line: 628-217-6677



SAN FRANCISCO
City Clinic
A landmark in prevention



www.sfcityclinic.org

SF City Clinic offers:

- Testing, diagnosis, and treatment of sexually transmitted infections (STIs)
- HIV testing, diagnosis, and linkage to care
- Pre- and post-exposure prophylaxis for HIV prevention (PrEP and PEP)
- Post-exposure prophylaxis for STIs (doxy-PEP)
- Partner services for people diagnosed with syphilis or HIV
- Vaccines against hepatitis A, hepatitis B, meningococcus, and human papillomavirus (HPV)
- Testing for hepatitis C (HCV) and treatment for those with Medi-Cal
- Reproductive health services including emergency contraception
- Behavioral health services
- Free condoms
- Opportunities to participate in research studies

Linking individuals and their partners with HIV and STIs to prevention, treatment and care



People • Care • Prevention



Treatment assurance

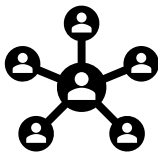
- Ensure patient adequately treated for diagnosed STI
- RAPID ART start for HIV



Linkage to Care

For people with HIV and pregnant women with syphilis

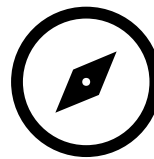
- Link to clinic and care team



Partner Services

For people with HIV, Syphilis or Mpox:

- Identify and notify partners
- Self-disclosure coaching



Navigation

For people with HIV who are out of care:

- 3 months support with appt reminders and escorts, benefits/system navigation
- Address other barriers to care (e.g. transport, housing, food insecurity)

Support Implementation of Doxy-PEP

EL DEPARTAMENTO DE SALUD PUBLICA DE SAN FRANCISCO

Lo Esencial de la PrEP inyectable



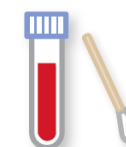
La PrEP es segura y puede reducir el riesgo de contraer VIH en más del 99%.



Recibirá inyecciones una vez al mes durante los primeros 2 meses. Luego cada 2 meses.



La protección contra el VIH comienza 7 días después de la primera inyección.



Le harán pruebas de VIH y ITS en sus visitas a la clínica.



Informe a su proveedor si piensa suspender o reiniciar la PrEP.



Doxy-PEP prescribing guide for San Francisco providers

What is doxy-PEP?

Doxycycline post-exposure prophylaxis (doxy-PEP) consists of using **doxycycline 200 mg within 72 hours after oral, anal, or vaginal/front-hole sex to prevent the acquisition of chlamydia, gonorrhea, and syphilis.**

Clinical trials have shown doxy-PEP to be effective among men who have sex with men (MSM) and trans women, with reductions in chlamydia and syphilis ranging from 74–88%.^{1,2} Efficacy against gonorrhea is lower. Doxy-PEP does not prevent HIV, mpox (monkeypox), or other viral infections.

Who can take doxy-PEP?

Recommend doxy-PEP to cis men, trans women, and other gender-diverse people who were assigned male sex at birth, who in the past year:

- had condomless anal or oral sex with ≥ 1 partner who was assigned male sex at birth, and
- had a bacterial STI.

Offer doxy-PEP using shared decision-making to cis men, trans women, trans men, and other gender-diverse patients (of any sex assigned at birth) who in the past year:

- did not have an STI but had condomless anal or oral sex with ≥ 2 partners assigned male sex at birth, regardless of STI history.

More data is needed on the efficacy of doxy-PEP for vaginal/front-hole protection.

- The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.³

When prescribing doxy-PEP to patients who have receptive vaginal/front-hole sex, providers should counsel patients about the lack of efficacy data, recommend against doxy-PEP use during pregnancy, and reinforce the importance of adherence.

Dosing and prescribing guidance

- **200 mg of doxycycline taken as soon as possible** after condomless oral or anal sex, but **no later than 72 hours afterward.**
- **Doxycycline can be taken every day** depending on frequency of sexual activity, but **no more than 200 mg within a 24-hour period.**
- **Acceptable formulations:**
 - Doxycycline hyclate or monohydrate **immediate release 100 mg** (2 tabs taken together)
 - Doxycycline hyclate **delayed release 200 mg** (1 tab), but typically much costlier
- **Example Rx:** doxycycline 100 mg, #60, 1 refill, take 2 capsules (200 mg) by mouth as needed ASAP after condomless sex, and no later than 72 hours after. Do not take more than 200 mg in a 24-hour period.
- **ICD-10 diagnosis code Z20.2** (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).

About Doxy-PEP

What is doxy-PEP?

- Doxy-PEP means taking the antibiotic doxycycline after sex to prevent getting a sexually transmitted infection (STI). It is like a morning-after pill but for STIs.
- It is highly effective at preventing syphilis and chlamydia. It may prevent gonorrhea, but not as well.
- Talk with your provider about whether doxy-PEP is right for you.

When to take it

- Take two 100 mg pills of doxycycline as soon as possible after condomless sex, but no later than 72 hours after. Taking it as soon as possible may help it work better. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom isn't used for the entire time.
 - If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex, but don't take more than 200 mg (two 100 mg pills) every 24 hours.

How to take it

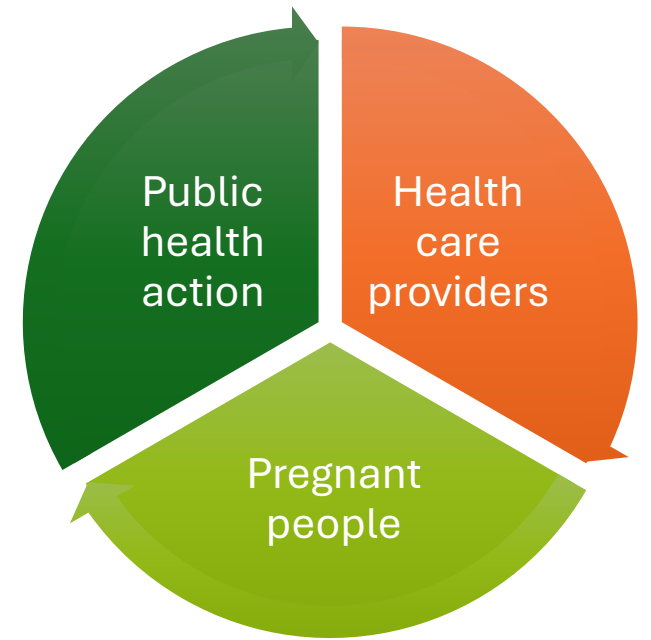
- Take doxycycline with plenty of fluids and do not lie down for at least 15 minutes after taking it, so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.
- Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- Avoid dairy products, calcium, antacids, or multivitamins 2 hours before or after taking doxycycline.
- **Do not take doxy-PEP when pregnant.**

Doxy-PEP prevents syphilis and chlamydia

doxyline.org/doxypep

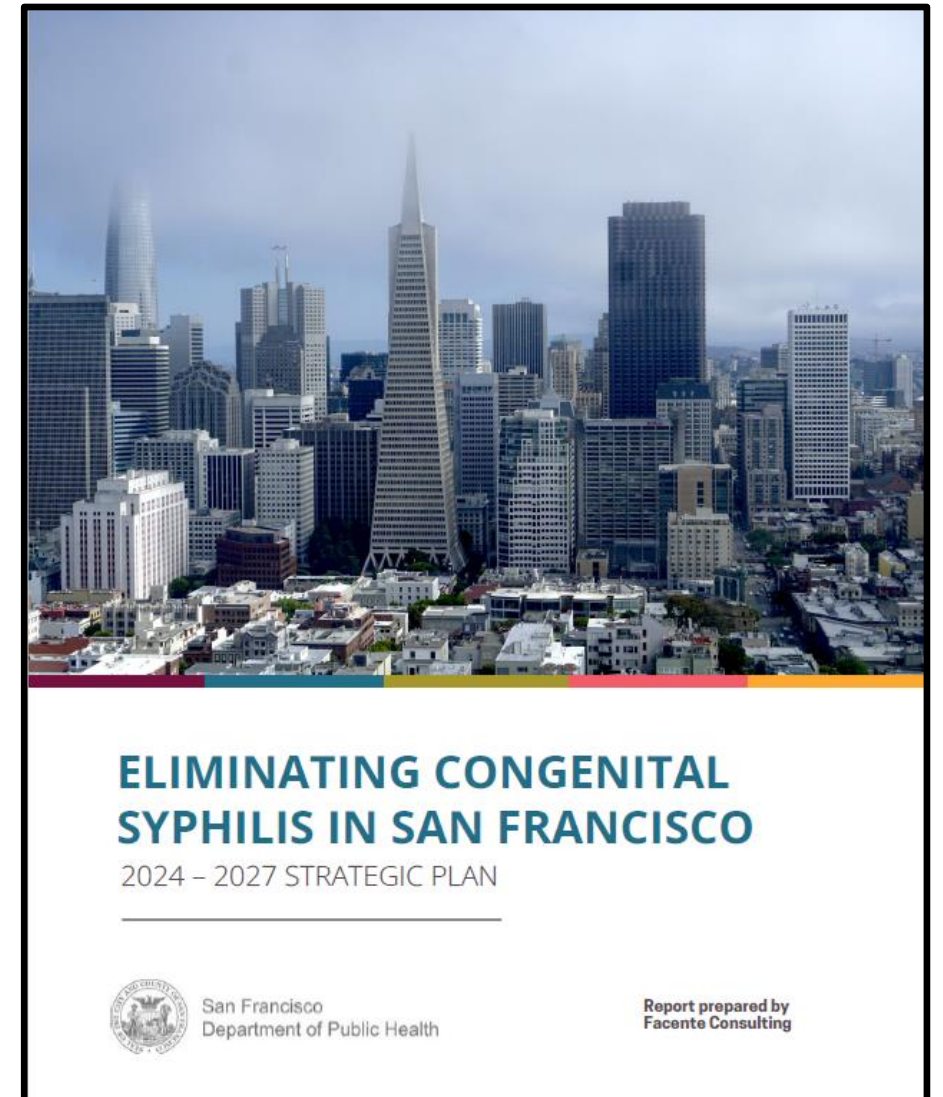
Preventing congenital syphilis is a top program priority

- CS is a 'sentinel event' for clinical and public health systems
- **Transmission can be prevented by timely diagnosis and adequate treatment of the pregnant person:**
 - All sexually active people 15-44 years old should receive at least one lifetime screen for syphilis.
 - Screen 3 times during pregnancy:
 - 1st prenatal, 3rd trimester (ideally 28-32 weeks) and again at delivery
 - Penicillin is the only acceptable treatment for pregnant people.



Congenital syphilis (CS) elimination strategic plan

- 1) Increase access to low-barrier syphilis testing
- 2) Develop sustainable systems and tools for CS education and capacity building
- 3) Improve care coordination of pregnant patients with syphilis
- 4) Optimize the use of data to support syphilis prevention and response efforts



Congenital Syphilis Prevention Taskforce

- Congenital syphilis case review boards
- Workflows for syphilis screening in the ED and urgent care
- Improvements in **EPIC** to facilitate screening
- Weekly pregnancy lost to follow-up meeting
- Coordination of ED, **homeless** services and pregnancy-related services
- Increase providers' knowledge and comfort around sexual health care
- Develop an approach for offering doxyPEP to cis women

Leo S. Zzztest
Male, 30 y.o., 12/25/1990
MRN: 200001388
Code: Assume Full (no ACP docs)
Confidential encounter
Search
COVID-19 Vaccine: Unknown
COVID-19: Unknown
**Infection: Lost to follow-up:
Syphilis treatment needed**
Neda Ratanawongsa, MD

Title: Improvements in Congenital Syphilis Response

I. Background: What problem are you talking about and why focus on it now?
Congenital Syphilis (CS) cases are increasing in the US, and CS-related infections can result in significant morbidity and mortality including stillbirths and neonatal deaths. Perinatal treatment of pregnant women is important for their health and preventing CS. Syphilis cases among women in San Francisco increased 100% between 2017-2022 and there were 24 cases of syphilis in pregnant women in 2022 which resulted in five cases of CS, compared to zero CS cases in 2018. The pregnant women who delivered the five infants with CS in 2022 all had no prenatal care, some experienced homelessness, and using methamphetamine and/or opiates. They were not served by our standard systems of sexual health care or prenatal care. Our goals to prevent CS in SF include: 1) Identifying syphilis in cis women through improved screening; 2) Linking pregnant people experiencing homelessness to syphilis testing; 3) Ensuring pregnant people diagnosed with syphilis are treated > 30 days prior to delivery; 4) Link women experiencing homelessness to sexual health and mental health services.

II. Current Conditions: What is happening today and what is not working?
Congenital syphilis is rising, and current healthcare and public health programs are inadequate to meet the need for a coordinated response. Women diagnosed with syphilis may engage in a number of different services in available in SF, but there is no coordinated way to track and prevent severe outcomes.

III. Goals and Targets
To prevent CS a woman needs to be diagnosed and treated for syphilis >30 days prior to delivery. Many women who deliver babies with CS did not receive any prenatal care during their pregnancy or received disjointed care across multiple healthcare systems.

IV. Analysis: Strengths, Weaknesses, Opportunities and Threats
Owner: Decker, Oregueda, Nestor
Date: 5/26/2021
Version: 7.0

Strengths (Where we are now)

- New syphilis testing EA, 45 min to one hour turn around. Much faster turn around test. Also consider rapid tests (20 minutes) in certain settings.
- Active street outreach effort to identify unstable housed and homeless pregnant women and help with care coordination
- 50 key offering reproductive services on Tuesdays (8am-1pm) starting in January
- DPH leadership invested in addressing CS response
- City Clinic can train people in POCT
- Family Planning Program available to provide counseling training: birth control, STD/harm reduction, pregnancy options
- Team Lily leading case conferences with multidisciplinary team

Weaknesses (Where we are now)

- Syphilis screening not routine in ED or L&D
- Workflow from ED urgent care with no clear path for navigation
- PHN, L&D team, Street Outreach staffing limited
- Team Lily has limited capacity during COVID
- Staff does not represent those they serve on any teams
- No clear owner/leadership for coordination across programs providing care for pregnant people and all women/gender expansive patients in need of sexual/repro health services
- Lack of behavioral health access for women affected by substance use
- Partners of pregnant women are often excluded from the picture; sometimes negatively stereotyped
- Lack of clear, easy way to refer clients with a warm handoff
- Lack of training or protocols for POCT testing for all PHN, Street Outreach, 50 key staff members
- Lack of health and mental health access for youth
- Lack of patient incentives to increase access to care

Opportunities (Where we can be)

- Explore collaborating with other DPH programs (e.g., Getting to Zero) that work with people who are unhoused
- Increase street medicine SH testing and partnering with street outreach teams/L&D for warm handoff
- Partnering with street outreach teams/L&D for warm handoff
- Mental Health SF and Prep C- crisis response team partnership
- Coordinate with 25G Urgent Care to increase syphilis screening
- POC syphilis test (syphilis health check) at L&C, maybe SF
- 50 key: Pregnancy Options Counseling training to staff
- Develop workflow for new pregnant people with no cccg test
- Discussing/messaging/education about sexual health & COVID
- Explore 311 for central number for navigation/referral

Threats (Where we can be)

- ED/UC continue to miss opportunities to identify patients at risk and offer syphilis screening
- Continuation in roll out: Planning to roll out a new syphilis testing EA, 45 min to one hour turn around. Much faster turn around test. Also consider rapid tests (20 minutes) in certain settings.
- Staffing resources for this population
- SHN closing (pending)
- Loss to postpartum follow-up

V. Plan: What are we going to do about it?

Countermeasure	Description	Owner	Date
Develop workflow for syphilis screening in the ED and urgent care	1. ED and UC to identify those with risk factors who should receive screening: all pregnant women, PHN, meth use, those receiving a HW test (RN protocol?) 2. Utilize STAT lab-based syphilis testing to identify those infected with syphilis before e/c from ED and UC.	Ron, Carmen, Eric L.	
Improvements in EPIC to facilitate screening	1. Create risk-based screening alert in EPIC 2. Create alert for patients needing treatment and/or other U/I 3. Create standardized dot phrases and note templates to facilitate provider screening and coordination	Angie, Nikia	
Develop process for referral and coordination of ED, homeless services and pregnancy-related services	1. Collaborative weekly pregnant people lost to f/u meeting - includes Team Lily, St. Med, City Clinic, Epiphany Center 2. Create centralized workflow for ED and UC to refer to Team Lily (?)	Alyson, Nikia, Outreach staff, ED/UCC	
Increase providers knowledge and comfort around sexual health care.	1. City Clinic to provide guidance & technical assistance to health care providers and staff to identify risk factors & conduct appropriate screening and treatment for syphilis. 2. Family Planning Program to provide trainings & technical assistance on pregnancy & STD counseling in SFPH	Alyson Shivan	

Problem Statement
To prevent CS a woman needs to be diagnosed and treated for syphilis >30 days prior to delivery. Many women who deliver babies with CS did not receive any prenatal care during their pregnancy or received disjointed care across multiple healthcare systems.

III. Goals and Targets
To prevent CS a woman needs to be diagnosed and treated for syphilis >30 days prior to delivery. Many women who deliver babies with CS did not receive any prenatal care during their pregnancy or received disjointed care across multiple healthcare systems.

Selected Metrics

Baseline	Benchmark	Target by [When]
Proportion of cis women or trans men (age 15-44) seen at 25G ER, urgent care, inpatient or SFPH primary care clinic who have a history of methamphetamine use and who have had at least one syphilis test in prior 12 months (including day of visit)		
# of pregnant people who deliver a baby at 25G who have a history of methamphetamine use		
# of these women, # who had at least one visit within SFPH prior to delivery		
# of these, # who had at least one syphilis test > 30 days prior to delivery		
# and % of overt CS cases		
Defined as: A and % of pregnant people diagnosed with syphilis during pregnancy who are treated > 30 days prior to delivery and who deliver a baby without CS; the denominator excludes those whose pregnancy ends in a T&B or miscarriage before 20 weeks		
CS cases citywide		

Learn Adapt Share 2018



Slide 13

Latino/a/x/e



- **Led by Instituto Familiar de la Raza**
- With Mission Neighborhood Health Center & San Francisco AIDS Foundation
- Central Hub is at Latino Wellness Center: 1663 Mission St, Suite 603, M/W 10am-8pm and Tues/Thurs/Fri 10am-6pm

Trans Women



- **Led by San Francisco Community Health Center**
- With IFR, SFAF
- Central Hub is at Trans Thrive: 1460 Pine St, Mon-Fri 2-4:30pm



PWUD & PEH

- **Led by UCSF Ward 86**
- With Glide, UCSF Alliance Health Project, Lyon Martin
- Central Hub is at The Lobby: 1st floor of building 80, Mon-Fri 1-5pm



Gay/MSM

Asian & Pacific Islander



- **Led by San Francisco AIDS Foundation**
- With Glide, Shanti & San Francisco Community Health Center
- Central Hub is at Strut: 470 Castro St, Tues-Sat 10am-7pm

- **Led by UCSF Alliance Health Project (AHP)**
- With San Francisco Community Health Center
- Central Hub is at AHP: 1930 Market St, Mon-Sat

Young Adult



- **Led by Lavender Youth Recreation & Information Center (LYRIC)**
- With Huckleberry Youth Programs, Homeless Youth Alliance & San Francisco AIDS Foundation
- Central Hub is at Lyric drop-in: 566 Castro St, M/W/F 2-6pm and Tues/Thurs 11am-6pm

Black / African American



- **Led by Rafiki Coalition**
- With San Francisco AIDS Foundation, 3rd Street Youth Center, Positive Resource Center & UCSF Alliance Health Project

Sexual Health Campaigns and Home-based Testing



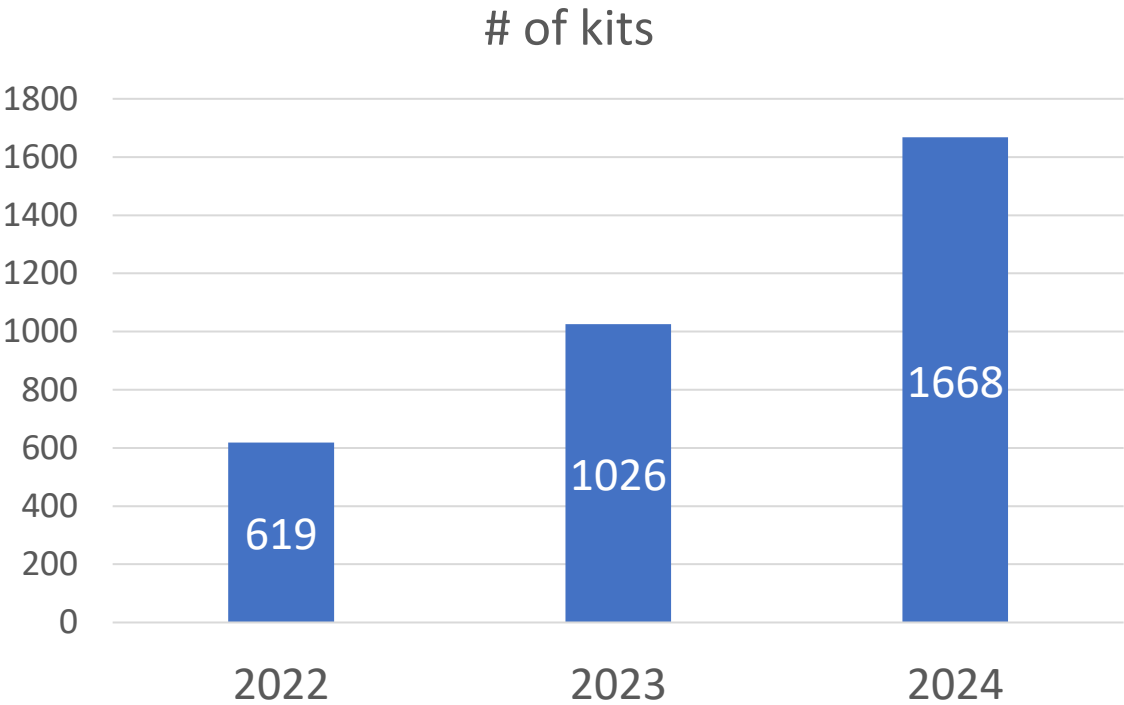
Where My Gworks at!?

The Good and Sexy Edit



Take Me Home

160% Increase in # of kits ordered from 2022 to 2024



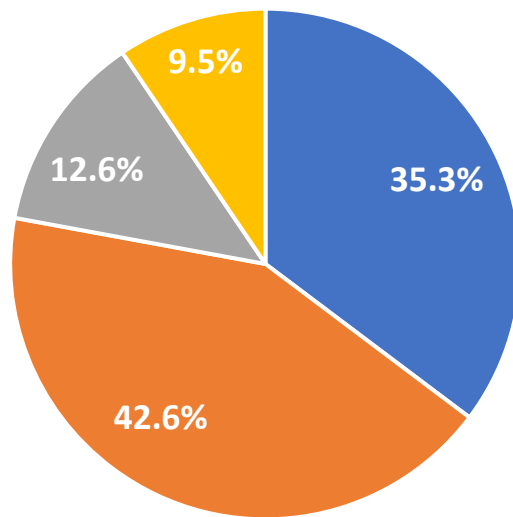
Increasing access to low barrier, rapid syphilis screening and home pregnancy testing



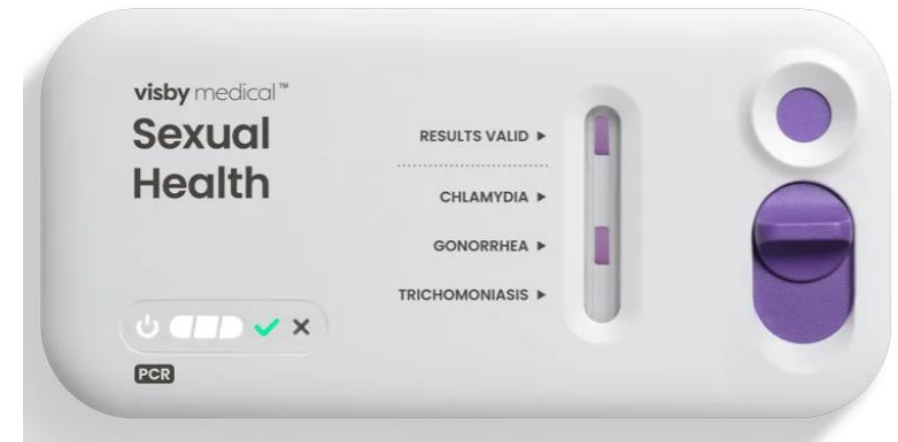
- Jail Health Services
- Whole Person Integrated Care (WPIC)

Ensure low barrier access to STI testing: Community Health Programs for Youth (CHPY)

% of POC STI tests by race/ethnicity at New Gen Clinic
(n=175)



■ Black/African American ■ Latina ■ Asian/API ■ White



38 (22%) were positive for at least one STI:

- 23 Chlamydia
- 12 Trichomonas
- 1 Gonorrhea

Health Access Point (HAP) Upcoming Events



Mark Your
Calendars!

**SEPTEMBER 11,
2024**

**82nd Day of
Community
Service**
Bill Graham Civic
Auditorium
99 Grove St.
10:00-3:00pm

**SEPTEMBER 22,
2024**

**Sunday Streets
Community
Block Party**
Buchanan Street
Mall
Buchanan &
Golden Gate Ave.
12:00-5:00pm

**SEPTEMBER 25,
2024**

**HAP/SFDPH/
Wise Health
Street Fair**
Mother Brown
2111 Jennings St.
9:00-12:00pm

OCTOBER 3, 2024

**HAP
Community
Health Fair**
Mendell Plaza
(on 3rd St
between Palou
and Oakdale)
12:00-5:00pm



For more information, please email Kura C. at
KCohen@arafikicoalition.org

safe sex summer

**JULY 10TH
1 - 3PM**

**SOUTHEAST COMMUNITY CENTER
HUNTERS POINT ROOM
1500 EVANS AVENUE
SAN FRANCISCO, CA 94124**

**FREE Food! FREE Prizes!
FREE Condoms!**

**Learn about healthy relationships &
situationships, preventing STIs,
consent, exploring kinks safely, & more!**

Health & Youth Development
3rd Street Youth Center & Clinic
www.3rdstyouth.org
3rdstyouth_



Focused Efforts with Black/AA Community

Umoja HAP

- Pop-up health fairs
- New building space in the Bayview
- Hired staff and Clinical Director

3rd Street Youth Center

- Fund Health Educator position
- Safe sex summer series

Training and Capacity Building

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Ask about
PrEP

How providers can
prescribe PrEP to prevent HIV
and reduce health disparities

Rapid ART:
Immediate ART initiation upon HIV diagnosis



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»
»
»

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**Promoting Sexual Health:
A Guide for Clinicians**

San Francisco Department of Public Health

Stop the hidden epidemic:
Five steps to prevent and treat HIV, HCV, and STDs

Doxy-PEP fact sheet for healthcare providers in San Francisco

What is doxy-PEP?

Doxy-PEP post-exposure prophylaxis (doxy-PEP) is using **doxycycline 200 mg** within **72 hours** after **oral, anal, or vaginal sex** to prevent the acquisition of **chlamydia, gonorrhea, and syphilis**.

A recent study showed doxy-PEP was effective among men who have sex with men (MSM) and trans women living with HIV (62% reduction in acquisition) or taking HIV PEP (65% reduction).¹ Efficacy against other bacterial sexually transmitted infections (STIs) is not known, and doxy-PEP does not prevent HIV, monkeypox (mpox), or other viral infections.

Who can take doxy-PEP?

Recommend doxy-PEP to gay, bisexual, and other MSM and trans women who:

- have had condomless sex with ≥ 1 cis man or trans woman in the past year; and
- have had an STI in the past year.

Offer doxy-PEP using shared decision-making to cis men, trans women, trans men, and other gender diverse patients who:


- have had condomless sex in the past year with ≥ 2 cis men or trans women regardless of STI history.

More data is needed on the efficacy of doxy-PEP in cis women.

The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.² If prescribing doxy-PEP to cis women due to STI risk factors like multiple STIs or sex work, discuss lack of efficacy data and advise not to use when pregnant.

Dosing and prescribing guidance

- **200 mg of doxycycline taken as soon as possible** after condomless oral or anal sex, but **no later than 72 hours afterward**.
- **Doxycycline can be taken every day** depending on frequency of sexual activity, but **no more than 200 mg within a 24-hour period**.
- **Acceptable formulations:**
 - Doxycycline hyclate or monohydrate **immediate release 100 mg** (2 tabs taken together)
 - Doxycycline hyclate **delayed release 200 mg** (1 tab), but typically much costlier
- **Example Rx:** doxycycline 100 mg, #60, 1 refill, take 2 capsules (200 mg) by mouth as needed ASAP after condomless sex, and no later than 72 hours after. Do not take more than 200 mg in a 24-hour period.
- **ICD-10 diagnosis code Z72.0** (contact with and (suspected) exposure to infections with



Prenatal Syphilis Screening, Staging, Treatment, and Monitoring for Congenital Syphilis Prevention

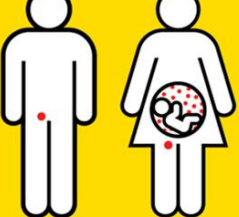
Screen all patients at first prenatal visit, regardless of risk
 Noninvasive test such as **RPR** with reflex confirmatory requested until at 10-14 weeks

	SYPHILIS DIAGNOSIS AT INITIAL PRENATAL SCREENING			RESCREENING IF FIRST TEST IS NEGATIVE
Screen	<p>Primary</p> <ul style="list-style-type: none"> • Chancres • RPR+ and/or RPR++ 	<p>Latent-Late</p> <ul style="list-style-type: none"> • RPR+ and/or RPR++ • CSF symptoms and/or must obtain CSF for serologic testing 	<p>Neurosyphilis¹</p> <ul style="list-style-type: none"> • CSF signs and/or symptoms • CSF pleocytosis and/or abnormal bander pattern (BP) 	<p>Rescreen all patients at 28-32 weeks gestation (yes regardless of risk)</p> <p>Also rescreen at delivery if patient was not screened</p> <p>• Repeat 28-32 week rescreen</p> <p>• High in high morbidity states</p>
Stage	<p>Early-Late</p> <ul style="list-style-type: none"> • RPR+ symptoms and/or infection occurred within 10-14 weeks 	<p>Unknown</p>		<p>• Repeat 28-32 week rescreen</p> <p>• High in high morbidity states</p>
Treat	<p>Resectable/syphilis cure²</p> <ul style="list-style-type: none"> • 2.4 Million Units, Intramuscularly (IM) 	<p>Resectable/potential cure²</p> <ul style="list-style-type: none"> • 2.4 Million Units, IM over 27-28 days, for 3 weeks (2-4 months) 	<p>Acute/potential cure²</p> <ul style="list-style-type: none"> • 3.4 Million Units, intramuscularly every 4 weeks for 10-14 days 	<p>• Repeat 28-32 week rescreen</p> <p>• CSF pleocytosis within the post 12 months</p> <p>• RPR adherence issue</p> <p>• Repeat 28-32 week rescreen</p> <p>• History of inconsistent housing</p> <p>• History of incarceration within the last 12 months</p>
Monitor	<p>Repeat follow-up visits at 28-32 weeks. Consider monthly visits until delivery if at high risk for reinfection.</p> <p>Post-treatment serologic response during pregnancy varies widely. Many women do not have a detectable decline in RPR titers. A single blood count cannot ensure treatment completion, evaluate for reinfection and neurosyphilis.</p>			

1. Signs of neurosyphilis include *cardinalis* latex, argyria, and osseous pathoses.

2. Resectable/syphilis cure is defined as a patient with primary, secondary, or latent syphilis who has been treated with penicillin G and has a confirmed negative serologic response or sustained four-fold rise (RPR or VDRL) in serological response of RPR syphilis, or (c) a new patient with primary, secondary, or latent syphilis who has been treated with penicillin G and has a confirmed negative serologic response.


That rash or sore might be
SYPHILIS
STDs are on the rise in SF
ASK TODAY. GET TESTED. GET CURED.



The illustration shows two stylized white figures on a yellow background. On the left is a male figure with a small red dot on his lower right leg, representing a chancre. On the right is a female figure with a red dot on her lower right leg and a circular area on her pregnant belly containing several red dots, representing a skin rash.

Esa sarpullido o llaga puede ser
SÍFILIS
ETS están en aumento
Infórmate, Hazte la prueba, curate.

Campaign artwork courtesy of Santa County Health Department



**Ask about
PrEP**

Ask your doctor about
a daily pill that can protect
you and your partners.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

PrEP Basics

PrEP is safe and can reduce the risk of HIV by 99%
 It takes at least 1 week on PrEP to be effective
 Take 1 pill once a day.
 Get tested for HIV & STIs
 Tell your provider

U=U Basics Undetectable=Untransmittable

There is no risk of ... Take HIV medication ... Take HIV medications ... Remember to see a ...

About Doxy-PEP

What is doxy-PEP?

Doxy-PEP means taking the antibiotic doxycycline after sex to prevent getting an STI. It is like a morning-after pill but for STIs. Taking Doxy-PEP after condomless sex reduces your chance of acquiring syphilis, gonorrhea, and chlamydia by about two-thirds.

When should I take doxy-PEP?

Two 100 mg pills of doxycycline should be taken ideally within 24 hours but no later than 72 hours after condomless sex. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom isn't used for the entire time.

What about when I have sex again?

If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex, but don't take more than 200 mg (two 100 mg pills) every 24 hours.

How should I take doxy-PEP?


- Take doxycycline with plenty of water or something else to drink so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.
- Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- Do not share doxycycline with others.
- Avoid dairy products, calcium, antacids, or multivitamins 2 hours before or after taking doxycycline.

What are we still learning about doxy-PEP?

- Does it affect normal ("good") bacteria in our intestines?
- Could it increase or decrease the bacteria that live on our skin, or make them resistant to doxycycline (for example staph)?
- Will Doxy-PEP increase doxycycline resistance in bacteria that cause STIs?
 - Although doxycycline has been used for decades, there is not resistance to doxycycline in chlamydia or syphilis.
 - About 25% of gonorrhea in the US is already resistant to doxy; doxy-PEP may not work against these strains. The DoxyPEP study and other studies will help understand whether using doxy-PEP changes resistance in gonorrhea.

Reminders

- Call us at **628-217-6692** if you run out of doxycycline, if you are having any side effects, or if you think you may have an STI.
- Please continue to get tested for STIs every 3 months and whenever you have symptoms.
- Doxy-PEP doesn't protect against MPX (monkeypox), HIV, or other viral infections.

 SAN FRANCISCO
City Clinic
A landmark in prevention

SAN FRANCISCO CITY CLINIC

4/2024

TIONS

on HIV medications
likely undetectable.
PLWH healthy

der before stopping
rs).

?
load?

— HIV got a viral load
They are undetectable.
is undetectable.

/HIVCareOptionsSF.

stop other HIV

months and achieve

RT for several days?

the risk of
ider.

should use PREP—
in PREP if newly

partners who don't
known status?

there is a risk of

Challenges

- Syphilis in people who can become pregnant
 - Role for DoxyPEP
- Antimicrobial resistance -> Difficult to treat STIs
 - Resistant gonorrhea
 - Resistant mycoplasma genitalium
- Bicillin shortages
- Stigma and discrimination
- Threats to funding, medical, access to health care

Summary

- SFDPH's STI clinical and community-based programs are:
 - Evidenced-based
 - Equity-focused, stigma-free, low barrier
 - Informed by and implemented in collaboration with community
 - Integrated, wrap-around services to address social determinants
- New tools in HIV and STI diagnosis, prevention and treatment are promising, intensive efforts are needed to ensure equitable access
- Partnerships with health systems, community-based organizations and our newly launched HAPs are core elements of our response

