NEW YORK STATE | Department of Health

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To: Healthcare Providers, Hospitals, Local Health Departments, Sexual Health Providers, Family Planning Providers, Emergency Rooms, Community Health Centers, College Health Centers, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Dermatology, Infectious Disease, Primary Care Providers, Higher Education Institution Health Clinics, and Urgent Care providers

From: New York State Department of Health, AIDS Institute

Date: July 21, 2026

Summary: Novel sexual transmission of known pathogens that cause ulcers, rashes, or blisters should be considered when seeing patients.

Dear Clinicians:

While sexually transmitted infections (STI) have been rising since the early 2000s, preliminary data for 2025 show that for the first time in decades, thanks in part to our collaborative efforts, we have seen decreases in reported chlamydia, gonorrhea, mpox, syphilis, and congenital syphilis in New York state outside of New York City. These decreases must be sustained. But as the 2022 mpox outbreak reminds us, there continues to be pathogens that pose new challenges to STI prevention and control.

Today we are hearing of conditions that can also be contracted through sexual interactions like TMVII, a drug-resistant ringworm (additional Centers for Disease Control and Prevention information attached), and bacterial infections caused by dermatophilus congolensis[1]. Both conditions produce rashes which could easily be confused for other conditions and could complicate the diagnoses of syphilis or mpox that also produce rashes.

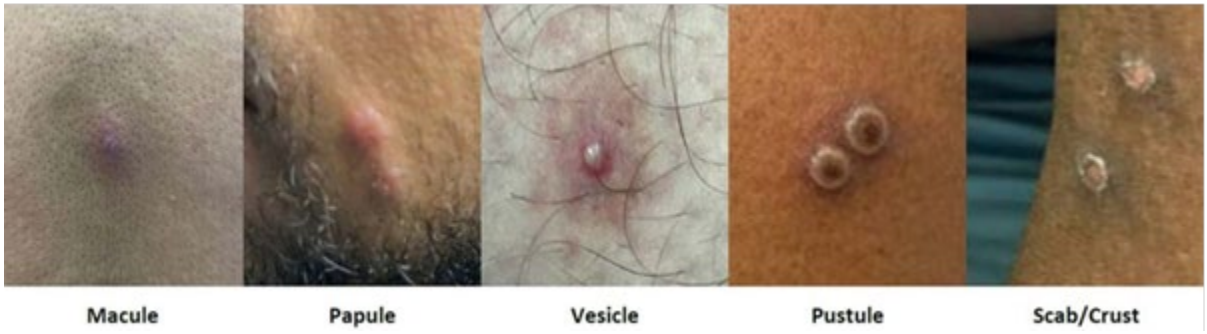
Clinical considerations:

Awareness and knowledge of the upcoming threats is critical to remaining nimble to ensure quick responses to quell any impending outbreaks.

- If a patient comes to you exhibiting rashes, ulcers, or blisters, inquire about recent sexual exposure(s) and keep these differential diagnoses in mind: syphilis, mpox, TMVII, dermatophilus congolensis, herpes simplex virus (HSV) and recently associated with sexual activity *Klebsiella aerogenes* facial folliculitis.
- Images of lesions associated with these infections are included below as reference and to indicate the similarity in presentation.

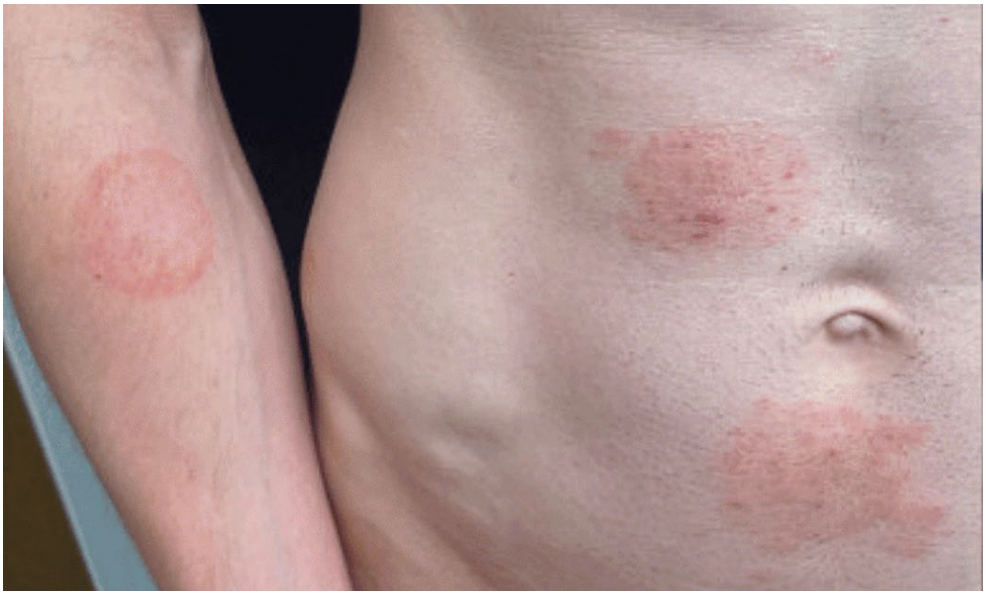
[1] https://wwwnc.cdc.gov/eid/article/32/6/26-0476_article; https://wwwnc.cdc.gov/eid/article/32/6/26-0401_article

Mpox Lesions



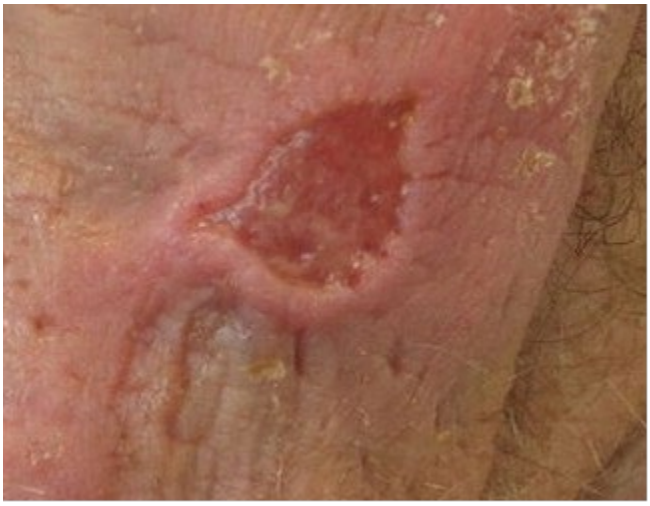
*New York State Department of Health AIDS Institute HIV guideline Prevention and Treatment of Mpox (July 17, 2025).

Trichophyton mentagrophytes genotype VII (TMVII) lesions



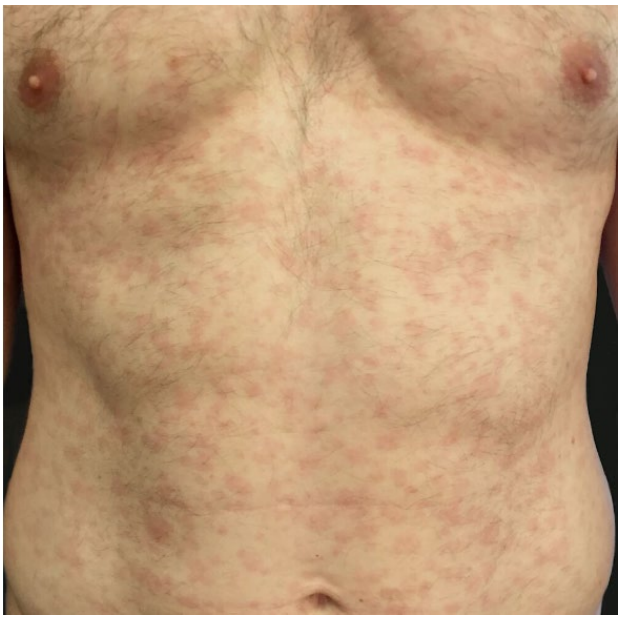
* Zucker J, Caplan AS, Gunaratne SH, et al. *Notes from the Field: Trichophyton mentagrophytes* Genotype VII — New York City, April–July 2024. MMWR Morb Mortal Wkly Rep 2024;73:985–988. DOI: http://dx.doi.org/10.15585/mmwr.mm7343a5.

Syphilis Chancre

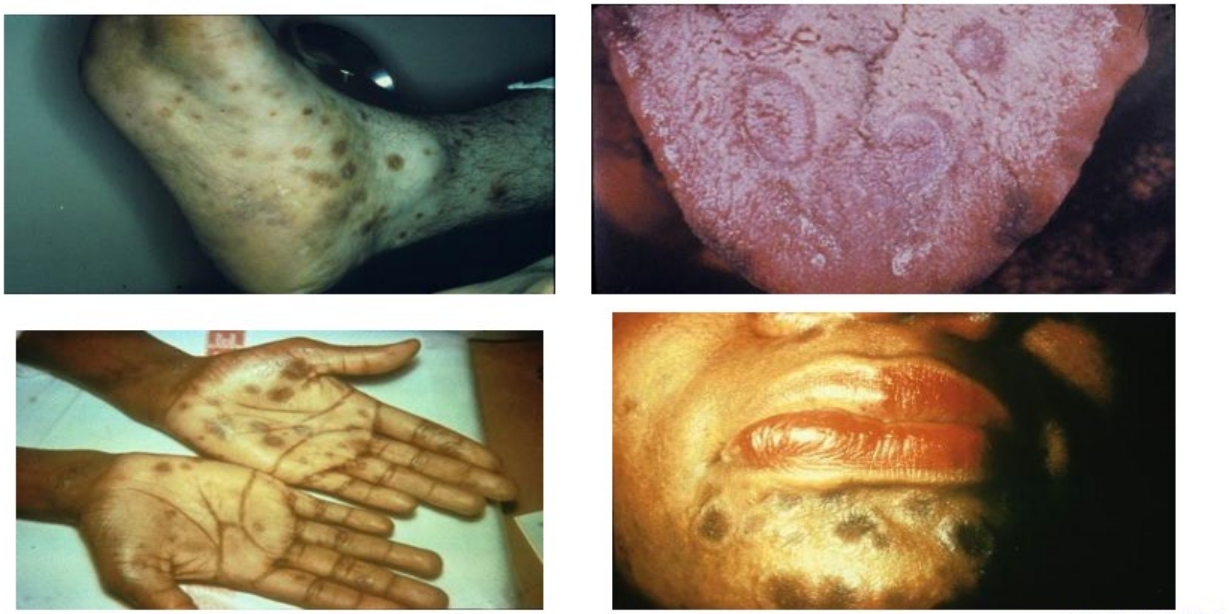


*Negusse Ocbamichael, PA. Syphilis-Primary Image #96. National STD Curriculum Image Library. University of Washington Infectious Diseases Education & Assessment (IDEA) Program. Accessed 2026. https://www.std.uw.edu/image-library/images/condition/42/96

Syphilis Rash



* Negusse Ocbamichael, PA. Syphilis-Secondary Image #589. National STD Curriculum Image Library. University of Washington Infectious Diseases Education & Assessment (IDEA) Program. Accessed 2026. https://www.std.uw.edu/image-library/images/condition/43/589



* Accessed 2026. Secondary stage syphilis sores (lesions) https://www.cdc.gov/syphilis/hcp/images/index.html#print

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Additional Resources:

For access to FREE clinical cards with information on the latest treatment recommendations, please visit STI Treatment Cards from Clinical Education Initiative (CEI)

Prevention is always the preferred option. Vaccination for Hepatitis A, Hepatitis B and mpox are readily available. For clinical guidance and resources on HIV pre- and post-exposure prophylaxis, and Doxycycline post-exposure prophylaxis (Doxy-PEP), please visit the following sites: HIV PrEP, HIV PEP, DoxyPEP

Finally, for additional information for what healthcare providers can do to prevent HIV, Hepatitis C, and Sexually transmitted Infections, and support sexual health, please visit: Actions for Response Efforts and Additional Resources

Sincerely,

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New York State Department of Health

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New York State Department of Health

TMVII Update for Clinicians

Dear Colleague:

We are writing to alert you to *Trichophyton mentagrophytes* genotype VII (TMVII), an emerging dermatophyte that can spread through intimate or sexual contact and is associated with severe inflammatory tinea (ringworm).

TMVII has been circulating in Europe and other global regions for several years, with reported cases occurring primarily among gay, bisexual, and other men who have sex with men. Since the first publicly reported U.S. case in June 2024, additional U.S. cases and clusters have been identified. In February 2026, the Minnesota Department of Health reported the largest known U.S. outbreak of TMVII, with more than 30 confirmed or suspected cases identified since the first reported Minnesota case in July 2025.

Recommendations for Clinicians and Public Health Practitioners

1. Consider TMVII as a possible diagnosis in patients with painful, pruritic, inflammatory, or persistent lesions involving the genitals, groin, buttocks, perianal area, face, beard, or other hair-bearing sites.
2. Obtain a focused history including sexual or household exposure, recent domestic or international travel, and prior use of over-the-counter antifungals, corticosteroids, or antibacterials.
3. Confirm dermatophyte infection with KOH preparation when microscopy is available and pursue species-level confirmation when feasible. Routine culture may identify *T. mentagrophytes* or *T. interdigitale*, but confirming TMVII requires specialized molecular testing, such as sequencing, which is available only at select laboratories.
4. Start oral terbinafine 250 mg daily as initial empiric therapy if TMVII is suspected. Therapy typically requires 6–12 weeks and may need to be extended until lesions have fully resolved. Do not delay treatment when clinical suspicion is high.
5. Treatment may be prolonged, and patients should be monitored until lesions fully resolve. Avoid topical corticosteroids or antifungal-corticosteroid combination products when TMVII or another dermatophyte infection is suspected.
6. Counsel patients on preventing spread by avoiding skin-to-skin contact, including intimate or sexual contact, while lesions are present. Patients should also avoid sharing personal items such as towels, bedding, clothing, razors, or sex toys.
7. Test for other sexually transmitted infections as clinically indicated and discuss partner notification; symptomatic partners should be evaluated.

Clinicians should contact their state or local health department if TMVII is suspected and for assistance with testing, reporting, or clinical management if needed. Health

departments can also email CDC at FungalOutbreaks@cdc.gov if there is concern for a potential outbreak. Testing is available free-of-charge through CDC's Antimicrobial Resistance Laboratory Network; clinicians should contact their state or local health department for submission instructions. Clinicians seeking assistance with clinical management or diagnostic testing can email FungalConsult@cdc.gov. Clinicians can also request consultation for challenging STI cases through the STD Clinical Consultation Network.

Sincerely,

Mycotic Diseases Branch
Division of Foodborne, Waterborne, and Environmental Diseases
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

CDC Tools and Partner Resources

- TMVII Clinical Overview for Health Care Providers
- MDH Health Advisory: Sexually Transmitted Dermatophyte Outbreak in Minnesota
- MDH TMVII For Health Professionals
- American Academy of Dermatology – Managing Emerging Dermatophyte Infections
- CDC: Emerging Ringworm Clinical Brief
- First U.S. TMVII Case – JAMA Dermatology
- National STD Curriculum Image Library
- TMVII Among MSM – Emerging Infectious Diseases
- KOH Preparation Video – Journal of Family Practice (YouTube)
- STD Clinical Consultation Network
- CDC: Health Department Directories
- CDC: STI Treatment Guidelines