



**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:** May 11, 2026

Dear Colleagues:

New York State will be expecting an influx of tourists this summer, as well as an increase in the number of gatherings, as people plan to attend FIFA World Cup events, New York City Pride Month events, Independence Day holiday (July 4, 2026, which marks the United States' 250<sup>th</sup> anniversary) events, and others. As such, we should expect a rise in sexual activity and sexually transmitted infections (STIs). As medical providers, we are fortunate to be armed with tools that can help prevent, test, and effectively treat these STIs. This advisory is a reminder to be proactive for those seeking your care with respect to the expected summer uptick in sexually transmitted exposures and infections.

A [sexual history](#) should be taken on all patients, regardless of age or gender. For those that may be at risk for sexually transmittable infections, please offer the most up-to-date prevention strategies: vaccination for Mpox and Hepatitis B virus, HIV PrEP prescription or in-clinic injection, and/or a Doxycycline Post-Exposure Prophylaxis ([DoxyPEP](#)) prescription. Educating patients on these state-of-the-art STI prevention strategies, as well as condoms and other barrier protections, is key to prevention, and can help thwart outbreaks.

When patients present with sexual exposures or symptoms of STIs, take a broad sexual history, including travel, and test for multiple STIs. It is important to take a non-stigmatizing approach to history taking, have a high suspicion of infection, and low threshold for treatment. When possible, use rapid tests so as to make the diagnosis and provide treatment promptly. New York State Department of Health also encourages [Expedited Partner Treatment](#) which allows health care providers to give medication or a prescription to patients diagnosed with chlamydia, gonorrhea, and/or trichomoniasis to deliver to their sex partners, without requiring an examination. HIV PEP should be offered as an effective HIV prevention modality for high-risk sexual exposure; of which Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) is now the preferred HIV PEP medication and is readily available in most pharmacies.

Please use the Resource Table below for information regarding Prevention, Testing, and Treatment for common STIs.

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	Prevention	Testing	Treatment
<b>Mpox</b>	<a href="#">For those at risk*</a> it would be prudent to begin the 2-shot vaccine series in those individuals not previously vaccinated.	For information on how to collect and submit a sample: <a href="#">Mpox for Healthcare Providers (Department of Health link)</a>	Care is generally symptom relief and supportive. For those who are severely immunocompromised, consultation with an Infectious Diseases Specialist is suggested since treatment with Tecovirimat (TPOXX) alone has proven ineffective.
<b>Hepatitis B</b>	For those individuals who are unvaccinated, it would be prudent to <a href="#">begin the vaccine series</a>	Serologic testing: <a href="#">CDC Website for Hepatitis B Clinical Testing</a>	Acute Hepatitis B infection is supportive; Chronic Hepatitis B infection is treated with either oral entecavir (ETV) or tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) <a href="#">CDC Hepatitis B Clinical Care and Treatment</a>
<b>Hepatitis C</b>	Barrier protection for anal-receptive sex.  Sterile drug-using supplies that are not shared	Either Rapid HCV Antibody testing or HCV antibody bloodwork; followed by reflex HCV RNA testing if positive	Initiation of pan-genotypic, direct acting antivirals is recommended for all persons living with HCV. The current standard of care is either 8 weeks of Mavyret (glecaprevir/pibrentasvir), or 12 weeks of Epclusa (sofosbuvir/velpatasvir), leading to over 95% cure rates.  <a href="#">IDSA/AASLD HCV Guidance</a>
<b>HIV</b>	<a href="#">Pre-exposure Prophylaxis (PrEP)</a> should be discussed and if appropriate prescribed for those at risk  In case of a high risk sexual exposure in those not on HIV-PrEP, patients should be offered <a href="#">HIV Post-Exposure Prophylaxis (PEP)</a>	Acute HIV Sero-conversion often results in a negative antibody-based tests and thus requires either a RNA-PCR or DNA-PCR assay.  <a href="#">HIV Testing Guidelines</a>	Whether in Acute or Chronic HIV infection, immediate initiation of oral combination antiretroviral therapy is the general standard of care, with Bictegravir/Emtricitabine/Tenofovir (Biktarvy) the most common initial therapy.  <a href="#">For more information on HIV Treatment Options</a>
<b>Syphilis</b>	<a href="#">Doxycycline Post-Exposure Prophylaxis (Doxy-PEP)</a> should be discussed and if appropriate prescribed for those at risk	Syndromic treatment is often done in conjunctive with a non-treponemal test (RPR) or treponemal antibody (FTA-ABS, TPPA) or a point of care rapid test <a href="#">Information on Point of Care Testing for Syphilis</a>	The standard treatment of both primary and secondary syphilis remains intramuscular Penicillin G benzathine (Bicillin L-A); there is currently a scarcity of Bicillin and its use is often reserved for those who are pregnant. Alternative therapies include course of oral doxycycline and intramuscular Extencillin or Lentocilin.
<b>Gonorrhea</b>	<a href="#">Doxycycline Post-Exposure Prophylaxis (Doxy-PEP)</a> should be discussed and if appropriate prescribed for those at risk	Syndromic treatment is often done in conjunctive with Nuclear Acid Application test (NAAT).	The standard treatment of Gonorrhea remains intramuscular Ceftriaxone. The two new FDA approved oral agents: Zolifodacin and Gepotidacin may not be readily available.  <a href="#">CDC dosing regimens</a>
<b>Chlamydia</b>	<a href="#">Doxycycline Post-Exposure Prophylaxis (Doxy-PEP)</a> should be discussed and if appropriate prescribed for those at risk	Syndromic treatment is often done in conjunctive with Nuclear Acid Application test (NAAT).	The standard treatment of Chlamydia remains a 7-day course of doxycycline or a dose of Azithromycin.  <a href="#">CDC dosing regimens</a>

Additional Resources:

For additional resources pertaining to mpox testing and prevention, please visit [Guidance on Testing for Mpox](#), and [Who should obtain the Mpox vaccination?](#)

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

For the latest guidance on the use of expedited partner treatment, please visit: [Expedited Partner Treatment \(EPT\)](#)

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,

Joseph Kerwin  
Director, AIDS Institute  
New York State Department of Health

Charles John Gonzalez, M.D  
Medical Director, AIDS Institute  
New York State Department of Health