

Director's Message

Hello colleagues-

Welcome to the 4th Edition of the Sexual Health Review! We hope you are finding these reviews helpful and supportive to the important work you are all doing. Like recent years past, this year has brought its own unique struggles in promoting sexual health that include the impact of the Dobbs decision, the rise of MPOX diagnoses that was linked to close sexual contact, the continued increases of STIs, and the devastating impacts of increasing cases of congenital syphilis.



In light of these struggles, you have continued to find ways to promote the sexual health and well-being of New Yorkers, and for this, we are thankful. Some of these successes are highlighted in this edition showcasing recently presented research on increasing trends in congenital syphilis, Schenectady County's free condom distribution program, and a very successful EPT social media campaign. Thank you for continuing to champion this important work!

Dr. Rachel Malloy, OSHE Director

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Sexual Health is a state of physical, emotional, mental, and social well-being in relation to sexuality. The American Sexual Health Association (ASHA) defines sexual health as, “the ability to embrace and enjoy our sexuality throughout our lives. It is an important part of our physical and emotional health”. (source: ashasexualhealth.org). There are six aspects of sexual health as outlined in the [Sexual Health Review, Issue 3, October 2022](#).

Sexuality

One of the six aspects of sexual health is sexuality. Sexuality is diverse, personal, and a natural part of life. Sexuality involves sexual behavior of course, but it is also part of an individual’s identity. Sexuality is about sexual feelings, thoughts, attractions, and behaviors towards other people. An individual can find other people physically, sexually, or emotionally attractive, and all those things are a part of one’s sexuality.

Discovering one’s sexuality can and should be liberating, exciting, and a positive experience. However, an individual’s sexuality can also put them at risk of discrimination and/or harassment. Homophobia, stigma, and discrimination can be especially hard for those who identify as LGBTQIA+. These negative attitudes also increase their chance of experiencing harassment, isolation from family and community, and even violence. Violence can include behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors. (CDC)

We all play a role in helping to create policies, practices, and spaces that support an individual’s free and safe expression of their sexuality.



For more information visit:

- [Sexual Violence Prevention Program \(ny.gov\)](http://SexualViolencePreventionProgram.ny.gov)
- [Prevention Strategies|Sexual Violence|Violence Prevention|Injury Center|CDC](http://PreventionStrategiesSexualViolenceViolencePreventionInjuryCenterCDC)
- [Sexual Assault and the LGBTQ Community - Human Rights Campaign \(hrc.org\)](http://SexualAssaultandtheLGBTQCommunity-HumanRightsCampaign.hrc.org)
- <https://www.plannedparenthood.org/learn/parents/sex-and-sexuality>

It is our pleasure to introduce this section to showcase observed and studied sexual health trends. In this edition we will focus on a study done to examine missed opportunities for preventing congenital syphilis in New York State, excluding NYC.

Missed Prevention Opportunities Among Pregnancies Resulting in Congenital Syphilis (CS) in New York State, 2013–2020 - partial presentation of work shared at the 2022 STD Prevention Conference

Stephanie Parenti, MPH, Sara Todorovic, MS, Emily Bruce, MS, Salvatore Currenti, MPH

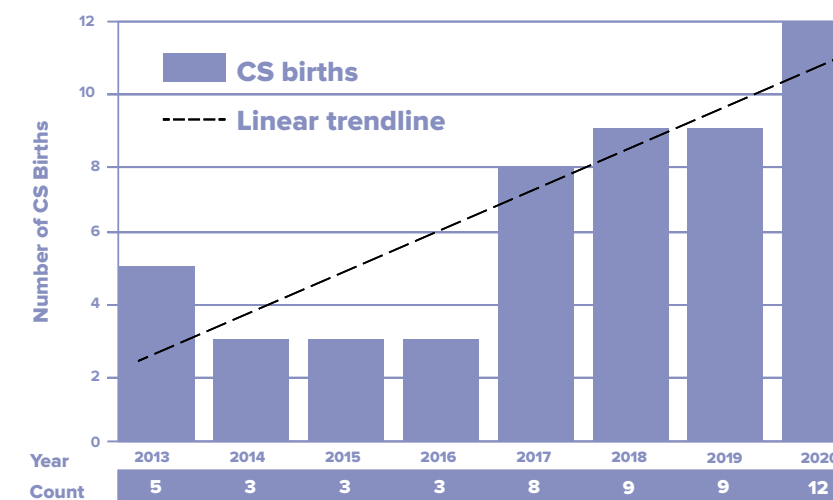
We are grateful to the Local Health Departments (LHDs), NYS LHD and Regional Office Partner Services and NYS STI surveillance staff who contributed to the work behind these data. Without their hard work and commitment, this evaluation would not be possible.

CS births in New York State have been increasing, mirroring syphilis incidence rates in the state among persons reported as female. Syphilis in pregnant persons can have significant clinical outcomes and can lead to preterm birth, impaired fetal growth, miscarriage, stillbirth, and neonatal death.

Approximately 40% of babies born to persons with untreated syphilis can be stillborn or die from the infection as newborns.

To better understand missed prevention opportunities in pregnancies that resulted in congenital syphilis, the researchers evaluated 51 pregnancies that met CDC reporting criteria for congenital syphilis. These pregnancies were then categorized as late identification of seroconversion during pregnancy, no timely prenatal care and no screening, untimely testing despite prenatal care, or inadequate maternal treatment despite timely diagnosis.

Congenital Syphilis (CS) Births in NYS (excluding NYC), 2013 – 2020



From January 2013–December 2020, there were 53 congenital syphilis births reported to New York State (NYS) outside of New York City (please note this count includes one set of twins and a baby born to a mother who was not a NYS resident, hence why 51 births are shown in the figure left).

Maternal characteristics of CS cases in NYS (excluding NYC), 2013–2020

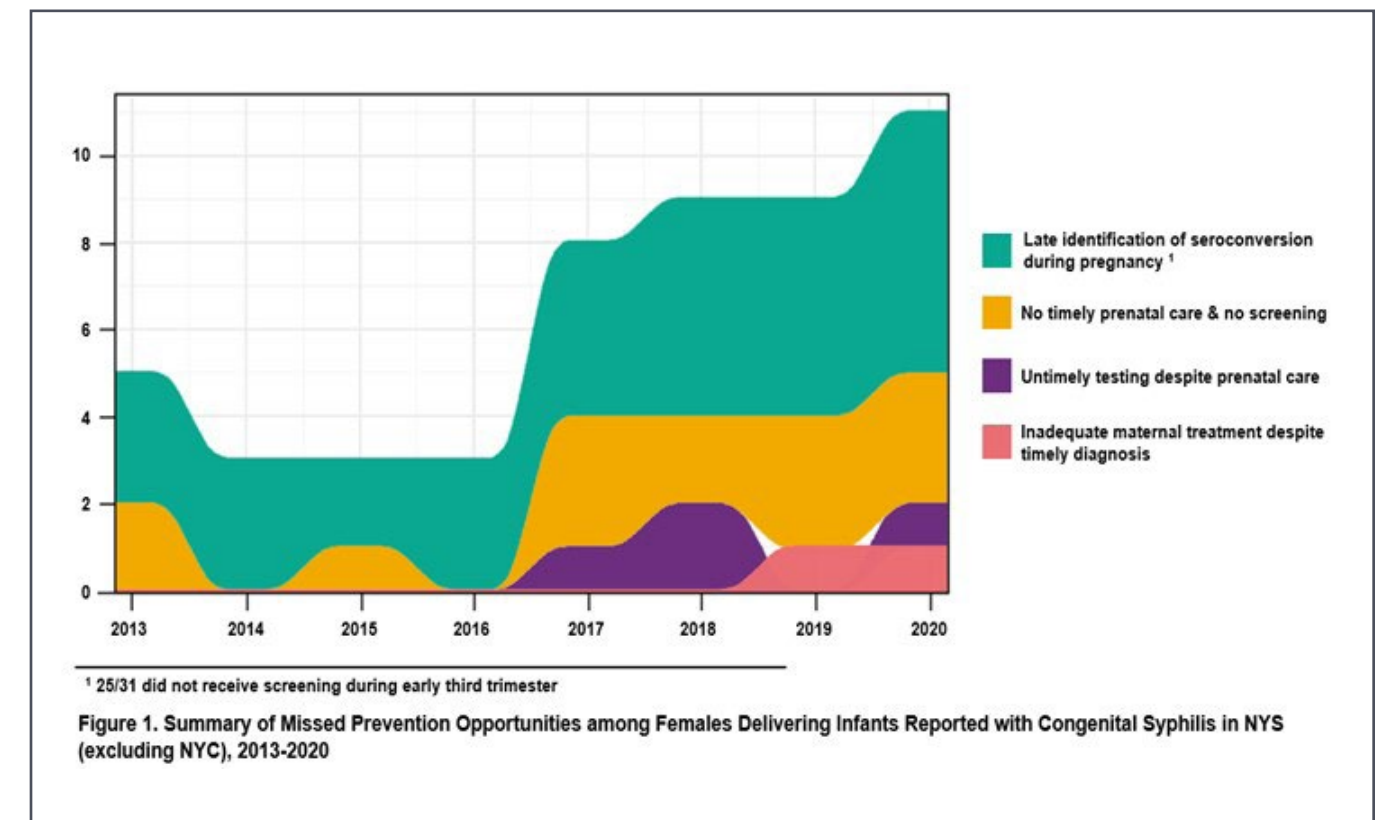
	Total Sample n = 51	Late identification of seroconversion during pregnancy n = 31	No timely prenatal care & no screening n = 14	Untimely testing despite prenatal care n = 4	Inadequate maternal treatment despite timely diagnosis n = 2
Mean age in years ± SD	27.1 ± 7.0	26.1 ± 7.1	28.8 ± 7.1	29.5 ± 7.3	24.5 ± 6.4
Race/ethnicity, %					
Hispanic	14 (27.5)	11 (35.5)	1 (7.1)	1 (25.0)	1 (50.0)
White, non-Hispanic	16 (31.4)	9 (29.0)	5 (35.7)	2 (50.0)	0 (0.0)
Black, non-Hispanic	18 (35.3)	9 (29.0)	7 (50.0)	1 (25.0)	1 (50.0)
Multi-race, non-Hispanic	2 (3.9)	2 (6.5)	0 (0.0)	0 (0.0)	0 (0.0)
Unknown	1 (1.9)	0 (0.0)	1 (7.1)	0 (0.0)	0 (0.0)
NYS region, %					
Buffalo	3 (5.9)	2 (6.5)	1 (7.1)	0 (0.0)	0 (0.0)
Capital District	8 (15.7)	6 (19.3)	1 (7.1)	1 (25.0)	0 (0.0)
Central	9 (17.7)	4 (12.9)	3 (21.4)	1 (25.0)	1 (50.0)
Metropolitan Region	27 (52.9)	17 (54.8)	7 (50.0)	2 (50.0)	1 (50.0)
Rochester	4 (7.8)	2 (6.5)	2 (14.3)	0 (0.0)	0 (0.0)
Marital Status, %					
Married	7 (13.7)	2 (6.5)	5 (35.7)	0 (0.0)	0 (0.0)
Single	41 (80.4)	28 (90.3)	8 (57.1)	3 (75.0)	2 (100.0)
Missing	3 (5.9)	1 (3.2)	1 (7.1)	1 (25.0)	0 (0.0)
Previous pregnancies, %					
Primigravida	20 (39.2)	14 (45.2)	4 (28.6)	1 (25.0)	1 (50.0)
Multigravida	18 (35.3)	10 (32.3)	6 (42.9)	2 (50.0)	0 (0.0)
Grand multigravida	9 (17.7)	6 (19.4)	2 (14.3)	0 (0.0)	1 (50.0)
Missing	4 (7.8)	1 (3.2)	2 (14.3)	1 (25.0)	0 (0.0)
Previous live births, %					
No live births	25 (49.0)	18 (58.1)	5 (35.7)	1 (25.0)	1 (50.0)
1 to 4 live births	19 (37.3)	11 (35.5)	5 (35.7)	2 (50.0)	1 (50.0)
5 or more live births	3 (5.9)	1 (3.2)	2 (14.3)	0 (0.0)	0 (0.0)
Missing	4 (7.8)	1 (3.2)	2 (14.3)	1 (25.0)	0 (0.0)
Syphilis stage, %					
Early	31 (60.8)	23 (74.2)	5 (35.7)	2 (50.0)	1 (50.0)
Late/unknown duration	20 (39.2)	8 (25.8)	9 (64.3)	2 (50.0)	1 (50.0)
Any prior history of STI¹, %	11 (21.6)	8 (25.8)	2 (14.3)	1 (25.0)	0 (0.0)

From the analysis, it was found:

- The mean age of pregnant persons was **27.1 years**
- Most pregnant persons were diagnosed with **early syphilis (60.8%)**
- **35.3%** of cases were born to non-Hispanic Black individuals
- Marital status was **single** for 80.4% of pregnant persons
- **39.2%** were **primigravida**, meaning this was their first pregnancy
- **21.6%** were **previously diagnosed** with a sexually transmitted infection reported to NYSDOH

Any prior history of STI includes early syphilis, late syphilis, chlamydia, and gonorrhea cases previously reported to NYSDOH.

Summary of Missed Prevention Opportunities among Females Delivering Infants Reported with Congenital Syphilis in NYS



In examining missed prevention opportunities, the researchers found:

- Late identification of seroconversion during pregnancy was the most common missed prevention opportunity, at **60.8%**
- **80.7%** did not receive early third trimester syphilis screening
- No timely prenatal care/no screening accounted for **27.5%** of missed prevention opportunities
- Untimely testing despite timely prenatal care accounted for **7.8%** of missed prevention opportunities.
- Inadequate treatment despite timely diagnosis accounted for **3.9%** of missed prevention opportunities

Schenectady County Public Health Service expands HIV/STI prevention strategies to respond to increases in sexually transmitted infections and Congenital Syphilis by providing education, vaccinations, and clinical services.

In 2022 Schenectady County Public Health Services (SCPHS) expanded HIV/STI prevention strategies in several ways. SCPHS began offering free condoms kits which included multiple types of condoms, lubricant, condom usage instructions, and a flyer for their STD clinic at community events, local motels, and community-based organizations. As of November 2022, over four thousand condoms have been distributed. With the assistance of a New York State Public Health Fellow, SCPHS can regularly offer and replenish these kits in the SCPHS. They also recognized the need to call attention to the increase in morbidity of syphilis and congenital syphilis in Schenectady County. As part of their HIV/STI programming the Communicable Disease Program Coordinator facilitates biweekly meetings which include their Disease Intervention Specialists, Epidemiologist, and Public Health Corps Fellow to discuss opportunities for provider and community outreach and to review STI data. SCPHS is developing an academic detailing campaign around prevention strategies for Congenital Syphilis and has created a flyer for providers from the [June 2, 2021, NYSDOH Health Advisory: Congenital Syphilis Increasing in New York State](#). The flyer includes county data reflecting STIs in pregnancy and Syphilis rates. SCPHS is partnering with [Clinical Education Initiative \(CEI\)](#) to facilitate trainings in early 2023 for Schenectady County providers working with individuals most at risk for syphilis infection and syphilis in pregnancy.

SCPHS recently partnered with [In Our Own Voices \(IOOV\)](#) and [Project Safe Point](#) to help identify persons at risk for MPOX and offer them an array of services. SCPHS offered MPOX vaccine at [Schenectady Inner City Ministry](#) while Project Safe Point was there offering harm reduction services, and IOOV was available for rapid HIV and Hepatitis C testing as well as LGBT POC resources.

SCPHS contracts with [Hometown Health Centers](#) located at 1044 State Street Schenectady, NY 12307 to offer a free HIV/STI clinic every Tuesday from 5-7pm. For more information on their HIV/STI clinic or their provider or community education efforts call (518)-386-2824 ext. 1270.



SCPHS Free Condom Kit materials

Expedited Partner Therapy (EPT) Social Media Campaign



The 2022 EPT social media campaign recently launched across New York State. The multi-faceted campaign included targeted social media platform ads, streaming video and audio content, and search ads. Partners are encouraged to share the content with their communities via distribution lists, social media platforms, websites, etc. To request materials and for more information contact the EPT team at EPT@health.ny.gov.

<https://www.health.ny.gov/diseases/communicable/std/ept/>

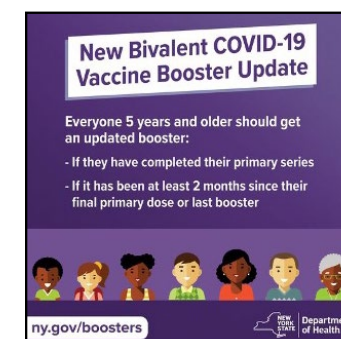
MPOX Information

Vaccination Eligibility has been expanded! Now anyone of any sexual orientation or gender identity who is at risk for MPOX can get vaccinated. There are first and second dose appointments available. Check locations in your area to see if walk-ins are accepted. You should get a second dose at least 28 days after your first dose.

Thanks to increased access to testing, vaccination, and behavior change by the communities affected by the MPOX outbreak, the number of new cases of MPOX has dramatically declined since the summer months. While this is good news, MPOX continues to spread at low levels, and [projections from CDC](#) indicate that there is risk for a resurgence of cases in the coming months. In order to maximize protection against future increases and protect as many New Yorkers as possible, our goal is to make MPOX testing, treatment, and vaccination easy to access as a part of other routine sexual healthcare for those who are at risk.

Over the past several months, the Federal Government has instructed providers to administer the JYNNEOS vaccine via intradermal administration, making it possible to stretch one subcutaneous dose to five intradermal doses. However, those seeking vaccination may raise concerns or hesitation with this route of administration. The Federal Government has amended the [JYNNEOS provider agreement](#) to allow more flexibility in mode of administration, clarifying that either intradermal (for adults 18 and older) or subcutaneous administration are permitted, and that providers should decide whether or when to utilize intradermal or subcutaneous regimens based on supply, feasibility, and patient preference.

Providers interested in offering MPOX vaccination to their patients can email mpox@health.ny.gov with any questions. [Learn more about MPOX vaccinations, including who is eligible.](#)



COVID-19 Information

A bivalent COVID-19 booster will help eligible New Yorkers maximize their protection, prolong the vaccine's durability, and safeguard our communities against the virus.

The New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC) recommend individuals get vaccinated and stay up to date with all recommended doses.

<https://covid19vaccine.health.ny.gov/booster-doses>

Upcoming Trainings



CEI announces the availability of new online accredited courses:

- Hepatitis C Care through Telemedicine to Promote Elimination
- Engaging LGBTQ+ People who Use Drugs: Cultural Responsiveness and Beyond
- Hepatitis C and HIV Coinfection
- Hepatitis C Treatment
- 2022 Update on Immunizations for Individuals With or At-risk for HIV Disease
[course provided by Physicians' Research Network (PRN)]
- Predicting Success and Failure on Long-acting Cabotegravir/Rilpivirine
[course provided by Physicians' Research Network (PRN)]

and new Learning Modules:

- ECHO: Not Your Usual STI Cases
- ECHO: A Clinical Review of Proctitis, LGV, and Herpes
- ECHO: Safer Injection Drug Use

Visit ceitraining.org today to sign-up for other training opportunities: live and online trainings, webinars, preceptorships, HIV, STD, and Drug User Health ECHO sessions.

Health New York Disease Intervention Training Center (DITC)

DISEASE INTERVENTION LEARNING COLLABORATIVES

IN OUR LEARNING COLLABORATIVES, YOU'LL ENHANCE YOUR KNOWLEDGE AND SKILLS BY DISCUSSING CRITICAL ISSUES, SOLVING PROBLEMS, AND SHARING CHALLENGES THAT ARE UNIQUE TO DISEASE INTERVENTION.

STI/HIV Interview Series:

- ✓ Overview of STI/HIV Interviewing
- ✓ Social and Medical History Taking: The Why Behind the What
- Sexual/Drug Sharing Partner & Social Network Contact Elicitation: A Deeper Dive
- ✓ The Anatomy of Problem Solving During STI/HIV Interviews

Check out our other offerings:

- Self-Care for Disease Intervention Providers
- Maintaining Personal Safety During Field Notification
- Disclosure of STI/HIV Status within the Context of Self-Referral of Partners
- Strengthening Cultural Humility Awareness When Working with Men Who Have Sex with Men (MSM)
- Cultural Humility: An Approach to Working with People Who Use Drugs

Contact Us:
hivtrainingny.org/ditcregion1
Atticus.Ranck@health.ny.gov

REGISTER HERE!

NNDITC

Additionally, you can access our Constant Contact Newsletter sign-up to stay connected with us and for future trainings – <https://lp.constantcontactpages.com/su/75mL6ts>.

For more information please visit our website: <https://www.hivtrainingny.org/> or email: Atticus.Ranck@health.ny.gov

Congenital Syphilis Elimination Strategic Planning Group (CSESPG)

In the [last issue](#), the CSESPG was introduced as a joint New York State Department of Health and AIDS Institute, and New York City Department of Health and Mental Hygiene, as a strategy towards the prevention and elimination of congenital syphilis in New York State.

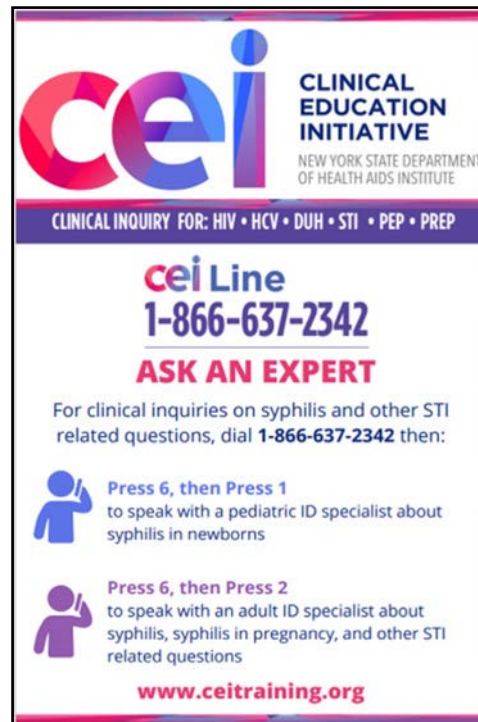
New Membership Recruitment Has Ended.

The purpose of the CSESPG is to develop a comprehensive Congenital Syphilis Elimination Framework (CSEF) through a health equity lens. The CSESPG will also be responsible for developing strategies and recommendations via a Congenital Syphilis Elimination Action Plan (CSEAP) that will align with the CSEF. The CSESPG is a collaborative effort that will include providers, experts, persons who have been impacted by congenital syphilis and general community from all New York State jurisdictions.

The CSESPG is currently working on Phase 2 of our four phase approach. The goal of Phase 2 is to: Develop recommendations and strategies toward each subgroup area of focus. Areas of focus include: Education, Prevention, Community Based Programming, Marketing & Advocacy, Policy & Planning, Medical Care & Treatment, Surveillance & Research.

If you have any questions pertaining to the CSESPG you can contact the Office of Sexual Health & Epidemiology at stdc@health.ny.gov.

Congenital Syphilis Prevention Program (CSPP)



cei CLINICAL EDUCATION INITIATIVE
NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE

CLINICAL INQUIRY FOR: HIV • HCV • DUH • STI • PEP • PREP

cei Line
1-866-637-2342
ASK AN EXPERT

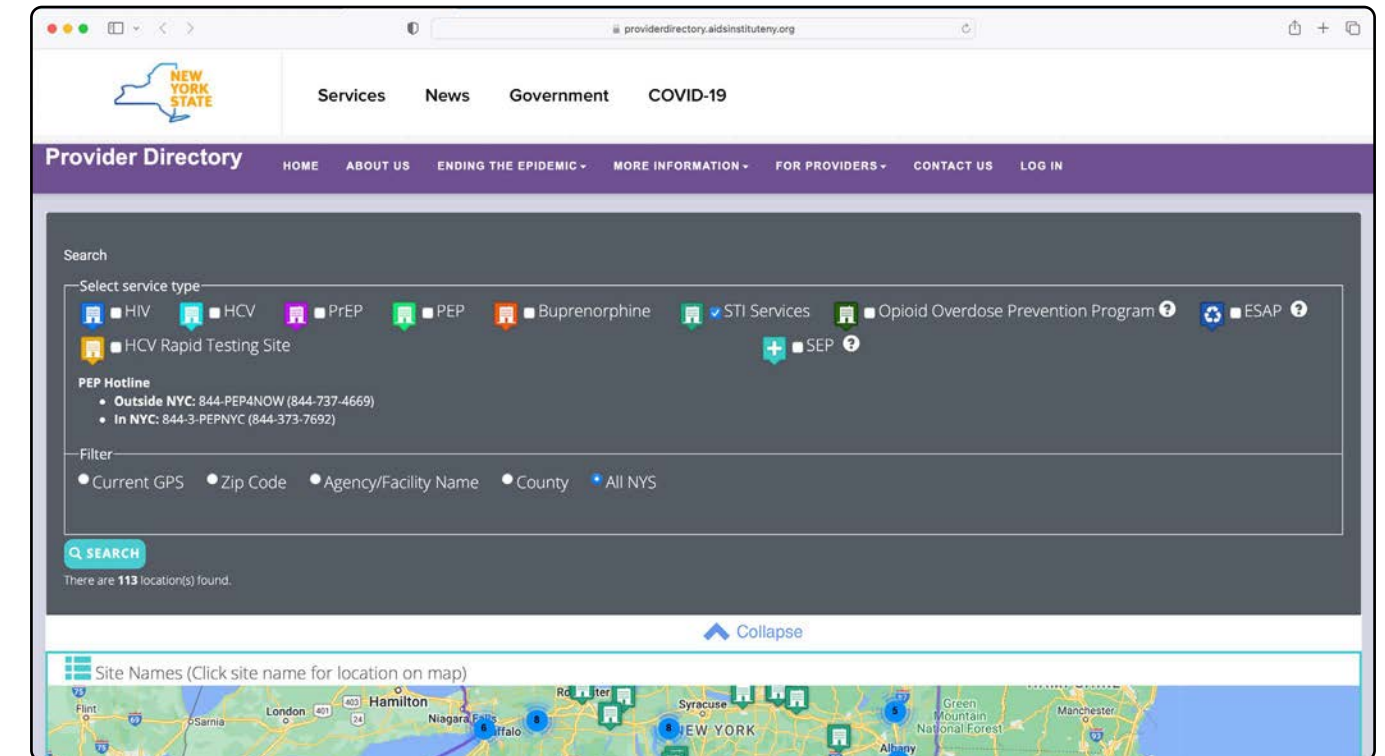
For clinical inquiries on syphilis and other STI related questions, dial **1-866-637-2342** then:

- Press 6, then Press 1 to speak with a pediatric ID specialist about syphilis in newborns
- Press 6, then Press 2 to speak with an adult ID specialist about syphilis, syphilis in pregnancy, and other STI related questions

www.ceitraining.org

The AIDS Institute is pleased to announce the official launch of the CEI Sexual Health Center of Excellence Congenital Syphilis Prevention Program! Through this program, CEI can provide congenital syphilis prevention case reviews for clinical providers and New York State and County Partner Services (PS) staff who work with pregnant residents of New York State outside of New York. Following a soft launch of this programming months ago, we are pleased to announce this program is available for providers throughout NYS (outside of NYC). Key review and follow up activities include providing recommendations to PS and clinical providers to reduce missed congenital syphilis prevention opportunities and providing recommendations to ensure adequate treatment of sexual partners in accordance with NYS and CDC criteria. In addition, the CEI can also provide training opportunities by request and based on congenital syphilis trends. Clinicians can begin contacting the call line as detailed in the embedded flyer.

The AIDS Institute Provider Directory allows providers and consumers easier access to STI service providers across New York State. This directory is ideal for consumers who are interested in obtaining STI services and/or resources or information. If you are a provider, [register with the Provider Directory](#) if you would like to promote your services.



Questions, Feedback and More

Email us at stdc@health.ny.gov to:

- Let us know what you would like to see in an upcoming newsletter
- Inquire about sexual health education and/or clinical questions
- Request data, technical assistance
- Receive free sexual health educational materials

NYSDOH AIDS Institute Office of Sexual Health & Epidemiology

Address: ESP Corning Tower
Rooms 536 and 542
Albany, NY 12237-0670

Phone: 518-474-3598

Fax: 518-486-5927

Email: stdc@health.ny.gov

Online: <https://www.health.ny.gov/diseases/communicable/std/>