# What's New in STIs: Testing, Treatment, and Prevention Updates

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Family PACT California PTC

July 23, 2026

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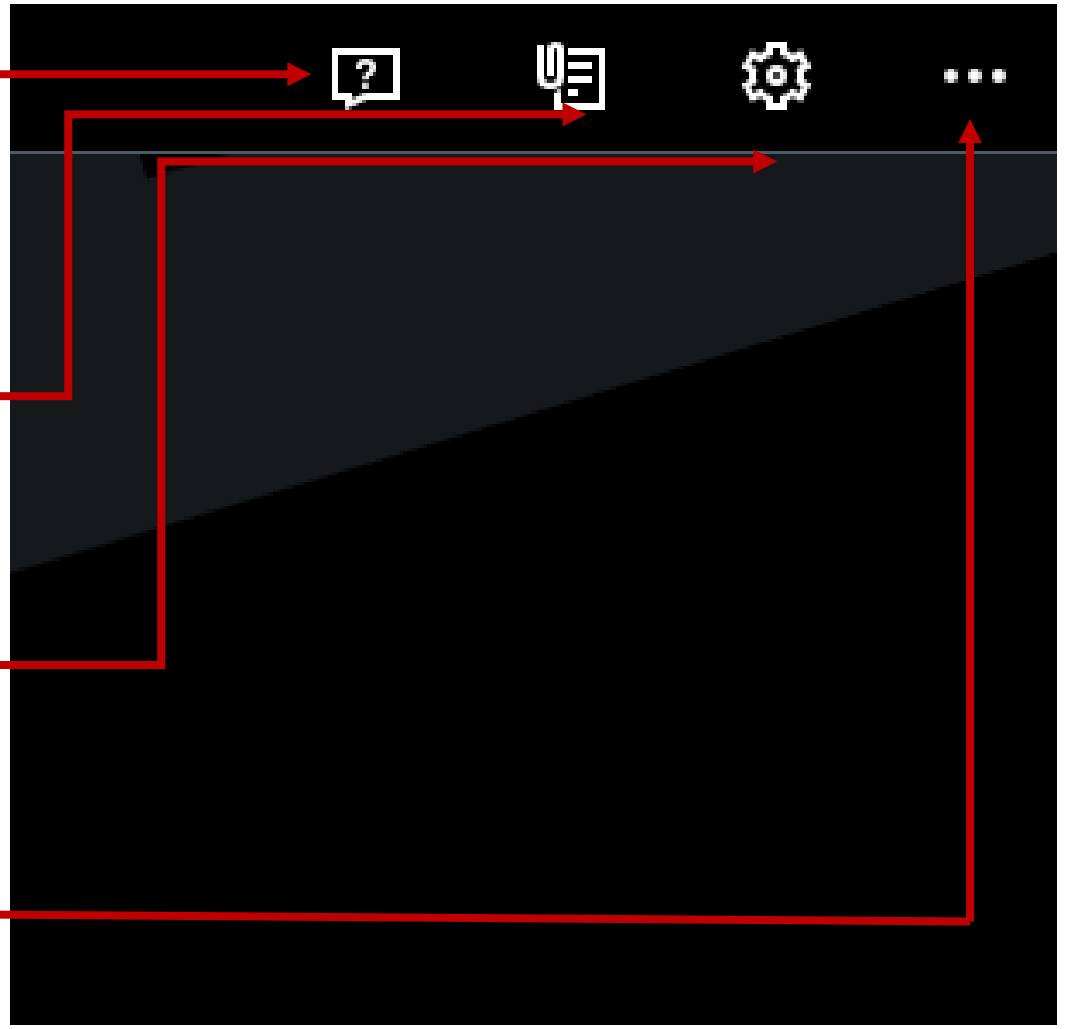

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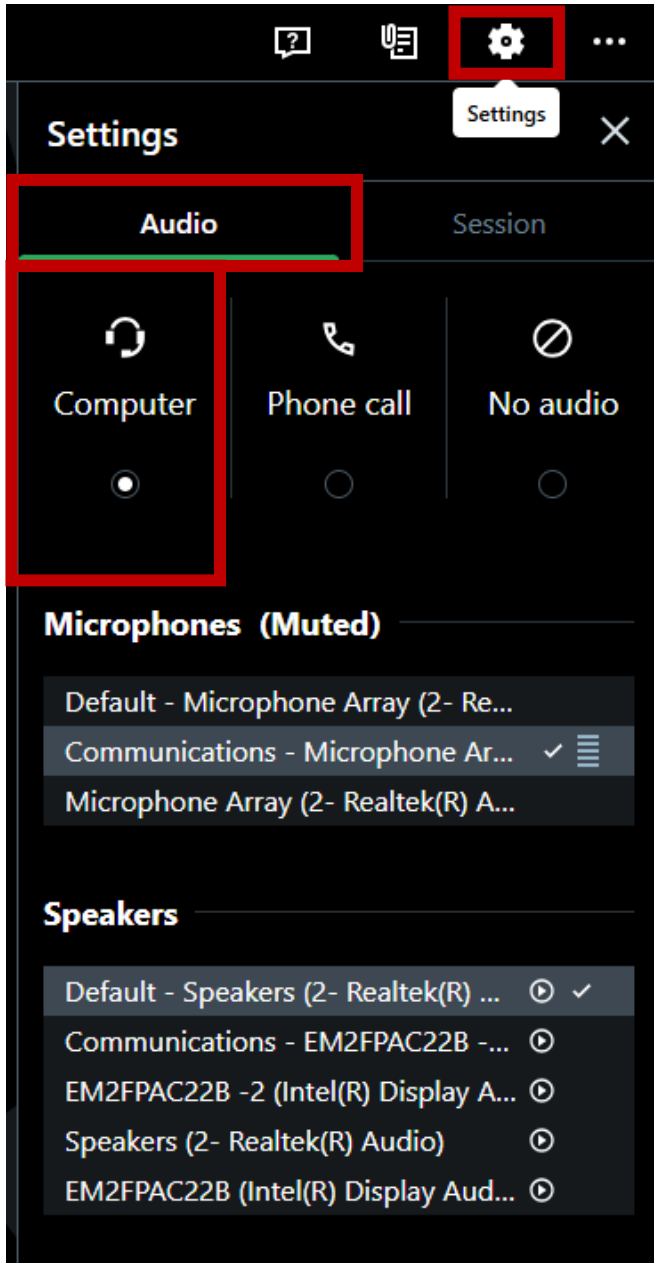


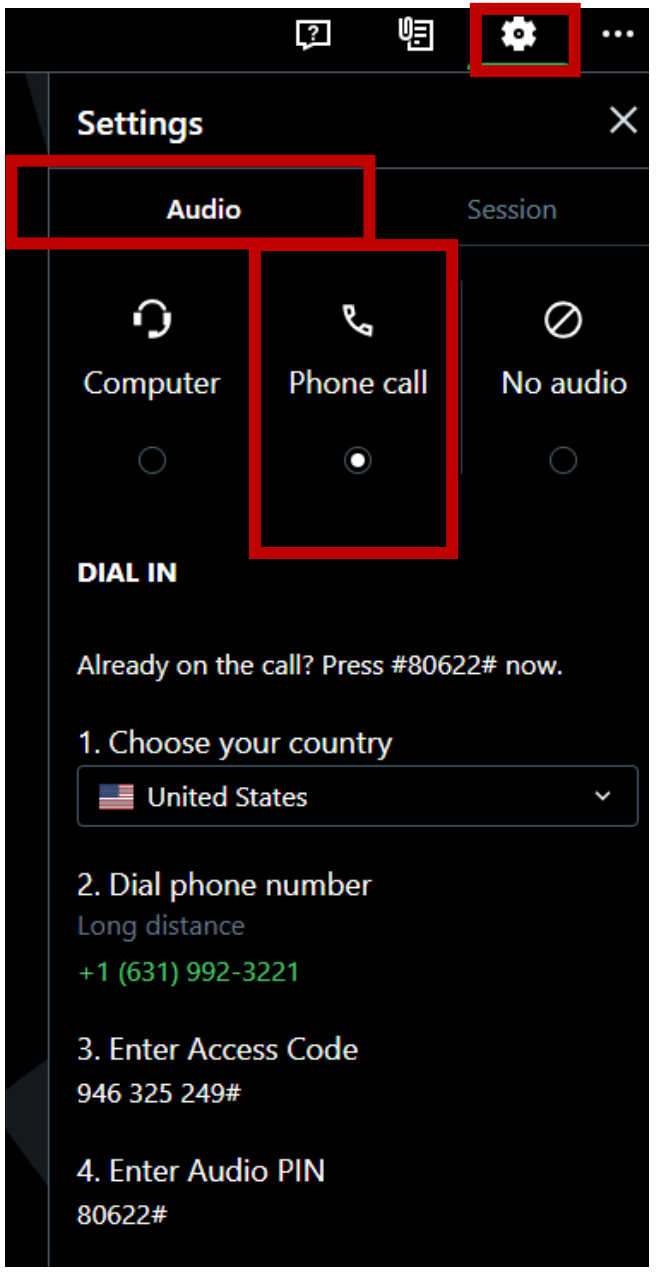

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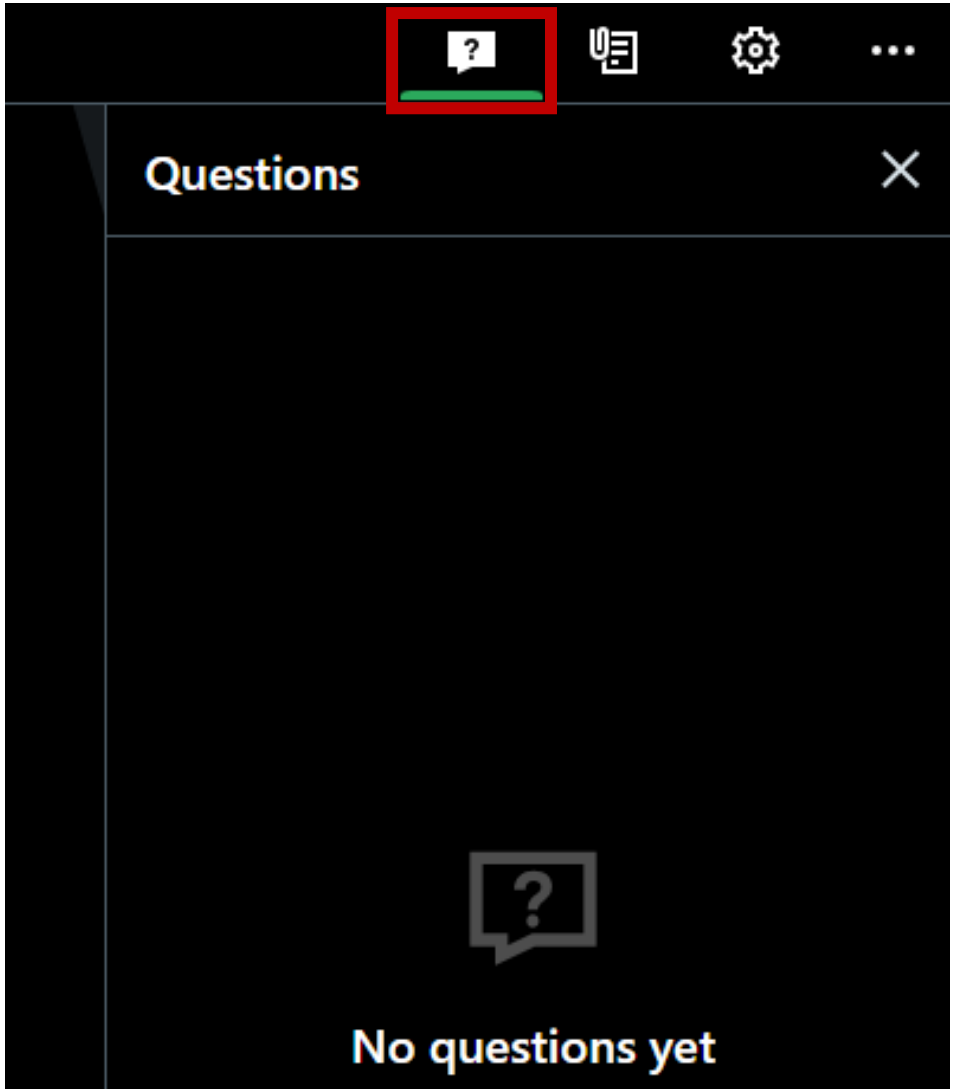


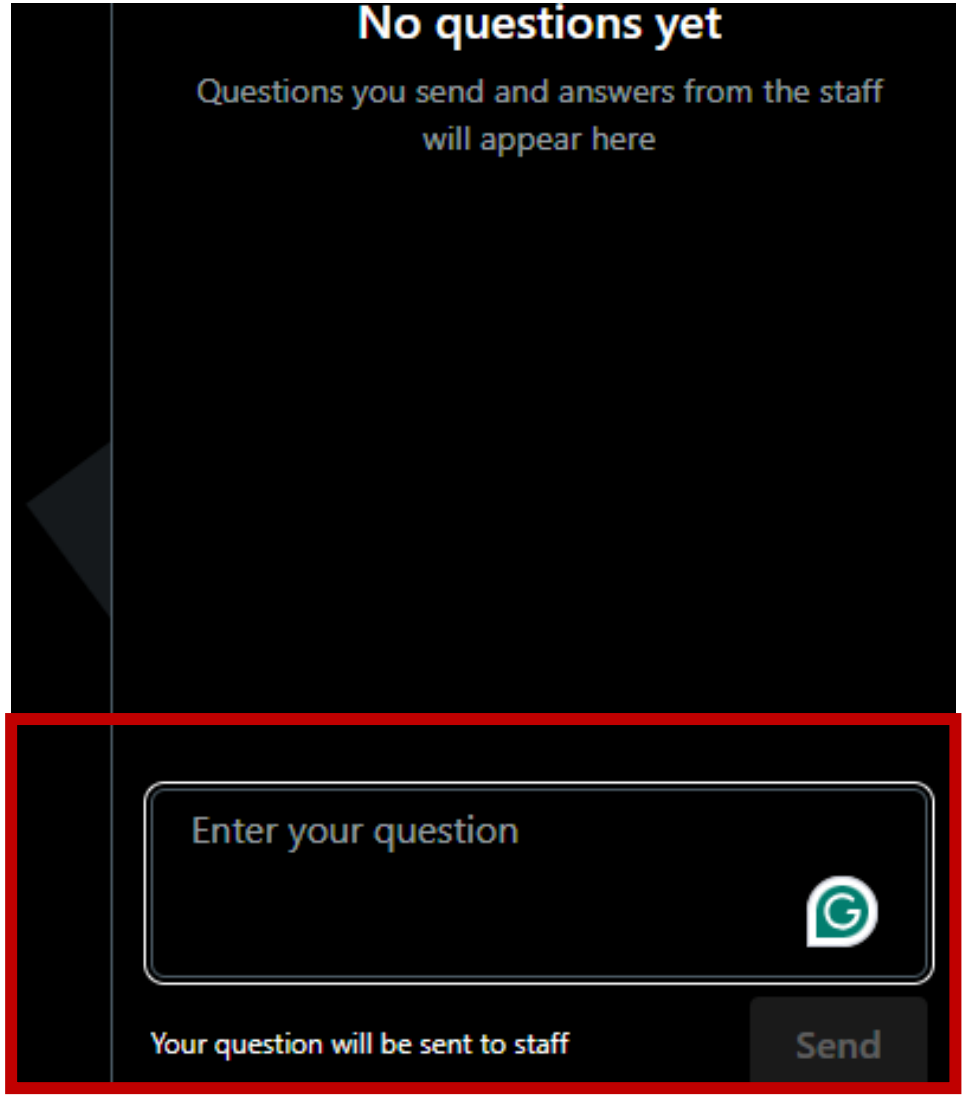

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# Rosalyn Plotzker, MD, MPH

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# Disclosure

- None
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# Learning Objectives

1. Utilize at least one alternative oral therapy for gonorrhea
2. Provide counseling on available at-home testing for STIs and cervical cancer screening
3. Discuss methods for preventing sexually transmitted shigella

# New Gonorrhea Treatments

DHCS

# Drugs for HIV

## HIV Medication Chart

### Combination Antiretrovirals

**Single-Tablet Regimens**

- **Atripla**† (EFV/TDF/FTC)
- **Biktarvy** (BIC/TAF/FTC)
- **Complera** (RPV/TDF/FTC)
- **Delstrigo** (DOR/TDF/3TC)
- **Dovato** (DTG/3TC)
- **Genvoya** (EVG/COBI/TAF/FTC)
- **Juluca** (DTG/RPV)
- **Odefsey** (RPV/TAF/FTC)
- **Stribild** (EVG/COBI/TDF/FTC)
- **Symtuza** (DRV/COBI/TAF/FTC)
- **Triumeq** (DTG/ABC/3TC)

**Long-Acting Injectable Regimens**

- **Cabenuva** (CAB/RPV)

**Regimens Used in Combination with Other HIV Medications**

- **Combivir**† (ZDV/3TC)
- **Descovy** (TAF/FTC)
- **Epzicom**† (ABC/3TC)
- **Truvada**† (TDF/FTC)

### Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTI)

- **Emtriva***† (emtricitabine, FTC)
- **Epivir***† (lamivudine, 3TC)
- **Viread***† (tenofovir DF, TDF)
- **Ziagen***† (abacavir, ABC)
- **Vemlidy** (tenofovir alafenamide, TAF) FDA approved for HBV only

### Protease Inhibitors (PI)

- **Evotaz** (ATV/COBI)
- **Kaletra*** (lopinavir/ritonavir, LPV/RTV)
- **Prezcobix** (DRV/COBI)
- **Prezista*** (darunavir, DRV)
- **Reyataz***† (atazanavir, ATV)

### Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

- **Edurant** (rilpivirine, RPV)
- **Intelence**† (etravirine, ETR)
- **Pifeltro** (doravirine, DOR)
- **Sustiva**† (efavirenz, EFV)
- **Viramune***† (nevirapine, NVP)

### Entry Inhibitors

- **Rukobia** (fostemsavir, FTR) gp120 Attachment Inhibitor
- **Selzentry*** (maraviroc, MVC) CCR5 Antagonist
- **Trogarzo** (ibalizumab, IBA) Post-Attachment Inhibitor

### Boosting Agents

- **Norvir***† (ritonavir, RTV)
- **Tybost** (cobicistat, COBI)

### Integrase Inhibitors (INSTI)

- **Isentress***▲ (raltegravir, RAL)
- **Isentress HD** (raltegravir, RAL)
- **Tivicay*** (dolutegravir, DTG)
- **Vocabria** (cabotegravir, CAB)

All pills shown in relative size/scale. *Medication brand names appear in bold. Generic names and commonly used abbreviations appear in parentheses.*

*Also available in liquid or powder form. †Generic formulation available. ▲Chewable form available.

8/22

# Drugs for GC

# Gepotidacin "Gepo"

- First-in-class triazaacenaphthylene **Dual-targeting: inhibits DNA gyrase (GyrA) and topoisomerase IV (ParC)**
- Binds to a distinct site (different than fluoroquinolones)
- Prevents DNA replication
- Dual-targeting reduces the likelihood of resistance

**Oral gepotidacin for the treatment of uncomplicated urogenital gonorrhea (EAGLE-1): a phase 3 randomised, open-label, non-inferiority, multicentre study**

Ross J, Wilson J, Workowski K et al.

The Lancet, 2025; 405, 1608-1620

# Zoliflodacin "Zoli"

- First-in-class spiropyrimidinetrione **Inhibits DNA gyrase (GyrB subunit)**
- Blocks DNA biosynthesis → GC death
- Active against GC strains resistant to cephalosporins and fluoroquinolones

**Single-Dose Zoliflodacin (ETX0914) for Treatment of Urogenital Gonorrhea**

Ross J, Wilson J, Workowski K et al.

N Engl J Med. 2018 Nov 8;379(19):1835-1845.

# Gepo and Zoli vs Ceftriaxone-based regimens

| | Gepotidacin | Zoliflodacin |
|---|---|---|
| **Dosing** | 3g, two doses, 10-12 hrs apart | 3g, Single dose |
| **Efficacy: urogenital** | mITT: 92.6% (TD, -0.1%)<br>**ME: 100% (TD, 0%)** | mITT: 90.9% (TD, 5.31%)<br>**ME: 96.8% (TD, 3.16%)** |
| **Efficacy: rectal** | mITT: 100% (26/26), (TD, 20%);<br>**ME: 100% (26/26), (TD, 0%)** | mITT (n=114): 87.3% (TD, 1.23%);<br>**ME (n=103): 95.8%, (TD, 4.17%)** |
| **Efficacy: pharyngeal** | mITT: 77.8% (14/18), (TD, -16.3%);<br>**ME: 87.5% (14/16), (TD, -12.5%), 2 bacterial persistence** | mITT (n=81): 79.2% (TD, -0.67%);<br>**ME (n=69): 91.3% (TD, 4.35%)** |
| **Side effect profile** | Mild; GI (67%) – diarrhea, nausea | Comparable to CTX-Azithro; headache |

**ME:** Microbiologic efficacy/eradication, **TD**=Total Difference

# Zoliflodacin for Urogenital Gonorrhea

- **Who**: 930 persons with uncomplicated gonorrhea, 2019-2023, either symptomatic or asymptomatic, by culture, NAAT or Gram stain/methylene blue
- **Where**: 16 sites Belgium, Netherlands, South Africa, Thailand, US
- **What**: **Zoliflodacin 3 grams oral x 1**

vs

**Ceftriaxone 500 mg intramuscular + azithromycin 1 gram oral**

GARDP
Global Antibiotic Research & Development Partnership
A joint DNDi / WHO initiative

NIH Statement on Preliminary Efficacy Results of First-in-Class Gonorrhea Antibiotic Developed Through Public-Private Partnership | (1 November 2023)

Study Details | Zoliflodacin in Uncomplicated Gonorrhoea | ClinicalTrials.gov

# Zoliflodacin for Urogenital Gonorrhea

- **Primary outcome**: urethral or cervical culture at day 6 after treatment

- **Primary outcome result:** Difference in efficacy was **5.31%** (within the margin of non-inferior)

NIH Statement on Preliminary Efficacy Results of First-in-Class Gonorrhea Antibiotic Developed Through Public-Private Partnership (1 November 2023)

Study Details | Zoliflodacin in Uncomplicated Gonorrhoea | ClinicalTrials.gov

# Zoli and Gepo regimens

| Antibiotic | Clinical Scenario/ Patient | Dosage | Notes |
|---|---|---|---|
| Gepo (Bluejepa®) | **Uncomplicated UTI**<br>• Female adults<br>• Pediatric ≥12 years, ≥40kg | **1500 mg** (2 tabs)<br>Every 12 hours<br>For 5 days<br>(10 tabs total) | • Each tab 750 mg<br>• Ok to have with or without food<br>• Avoid if GFR ≤30 ml/min<br>• Cannot taken with CYP3A4 inhibitors or inducers |
| | **Uncomplicated urogenital gonorrhea (GC)**<br>• Adults<br>• Pediatric ≥12 years, ≥45kg | **3g** (4 tabs)<br>Every 10-12 hours<br>For 2 doses<br>(8 tabs total) | |
| Zoli (Nuzolvence®) | **Uncomplicated urogenital GC**<br>Patients ≥12 years, 35 to <50kg | **3g single dose on an empty stomach** | • Risk of fetal and testicular toxicity<br>• Cannot be taken with CYP3A4 inducers |
| | **Uncomplicated urogenital GC**<br>Patients ≥12 years, ≥50kg | **3g single dose with food**<br>(food increases half life and drug levels) | |

# Great. But is it covered?

**Gepotidacin and Zoliflodacin for alternative GC treatment**

- **Gepo** is covered by Medi-Cal with prior authorization
- **Zoli** is not yet covered, but when commercially available (expected second half of 2026), it will be added with prior authorization.

Neither is currently covered by Family PACT.

# *Mycoplasma genitalium*

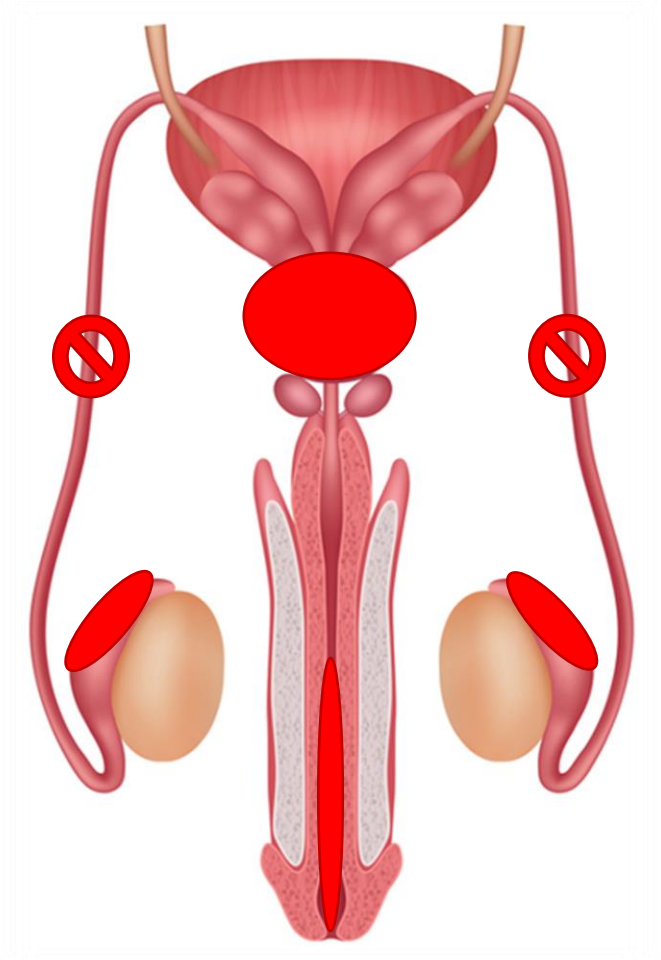
# What is M. genitalium?

- Pathogenic bacterium can colonize the mucous membranes of the human genitourinary tract, oropharynx and rectum.
  - No cell wall and small genome.
  - Infects epithelial cells and replicates within them.
  - Very difficult to culture – two labs worldwide and takes months.
- Passed via vaginal and anal sex. Unclear if it can be transmitted by oral sex.
- Re-current infections are possible through antigenic variation.
- Commonly found as co-infection with GC, CT, and T. vaginalis.

Attribution: M. gen; CDC; Public Domain.

# How does infection manifest in males?

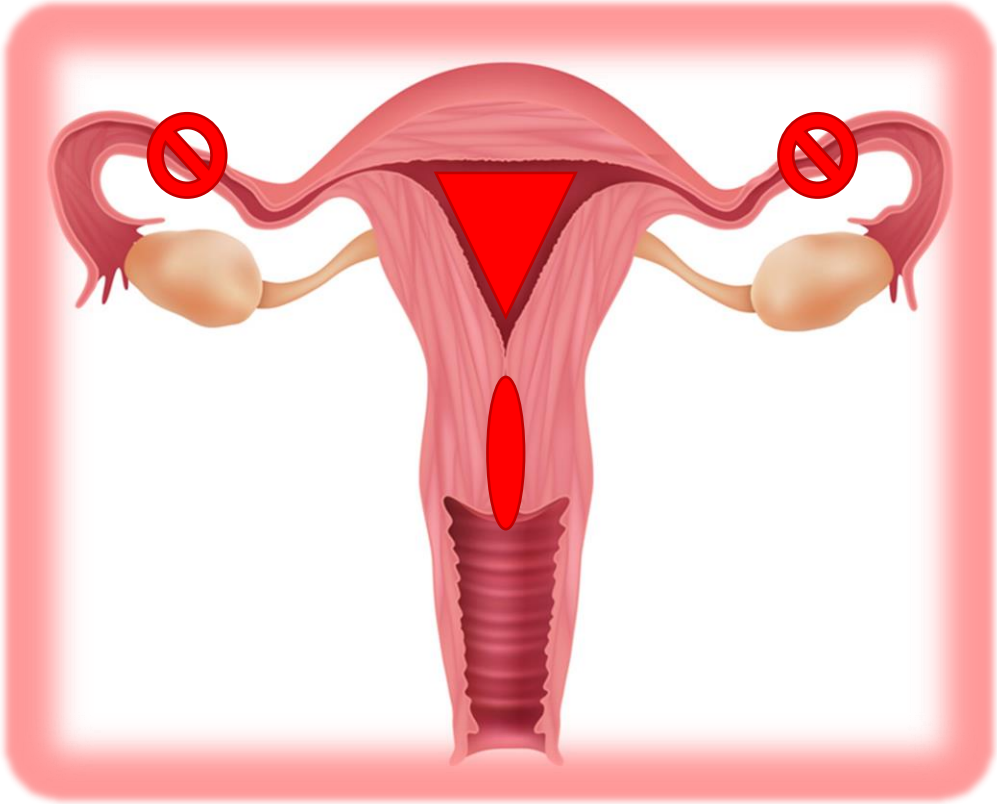
- Male anatomy – symptomatic or asymptomatic.
  - Urethritis.
    - 15-20% of non-gonococcoal urethritis (NGU).
    - 40% of recurrent or persistent urethritis.
  - Unclear if causes epididymitis, prostatitis or infertility.
- Pharyngeal colonization possible, though not known to cause symptoms.



Attribution: Male Anatomy; iStock Photo License.

# How does infection manifest in females?

- Female anatomy – symptomatic or asymptomatic.
  - 10-30% of cervicitis
  - Associated with 21% of vaginitis (Manhart et al. 2023)
  - Associated with 67% increased risk of pelvic inflammatory disease
    - Detected in 10% cases
  - Possible association:
    - Spontaneous abortion
    - Endometritis
    - Preterm delivery and low birthweight
    - Infertility
- Long-term consequences of asymptomatic colonization are unknown for both sexes.



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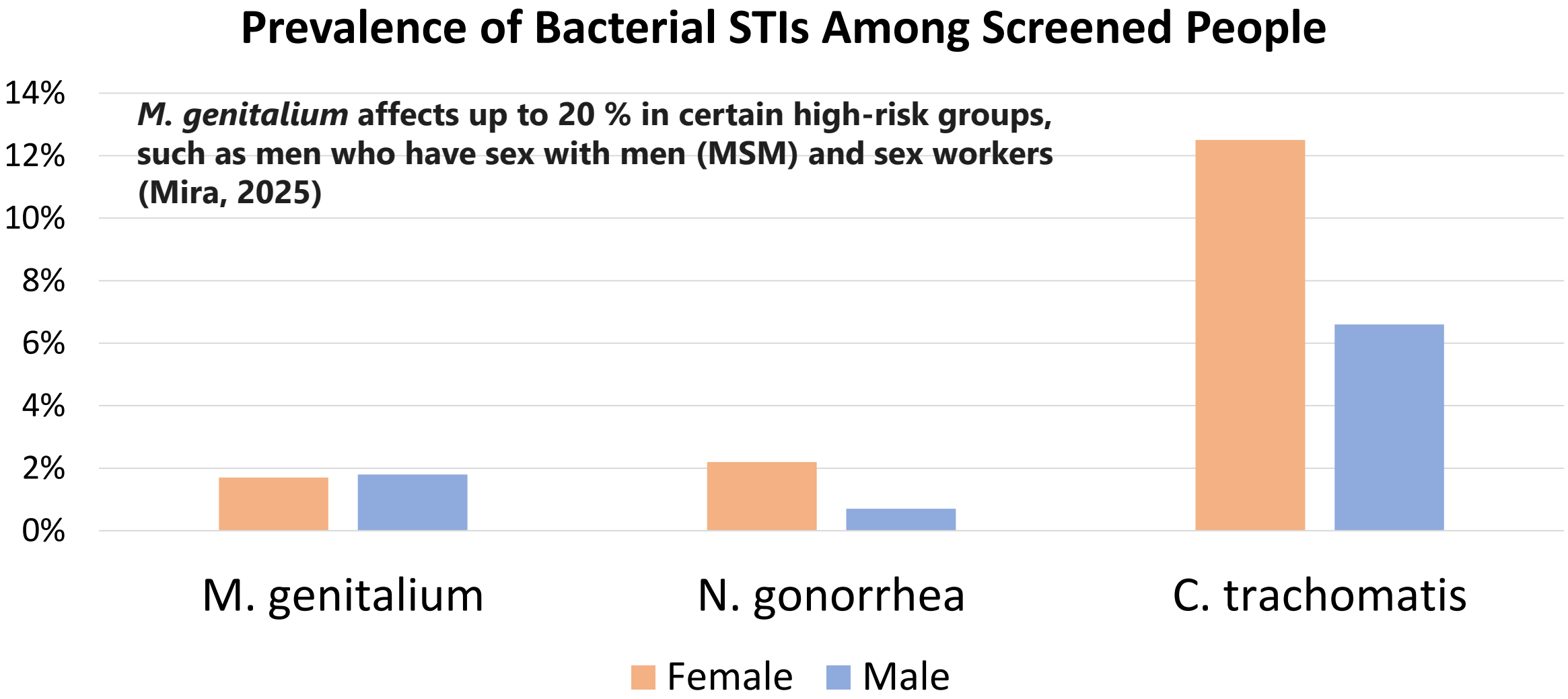
# M. genitalum and HIV Risk

**Three-fold increased risk of HIV infection among women and MSM with untreated M. genitalium infection** (Barker et al. 2022; Zhao et al. 2019).

| | Syphilis | Trichomoniasis |
|---|---|---|
| All female populations | | |
| Pooled RR (95% CI) | 1.67 (1.23-2.27) | 1.54 (1.31-1.82) |

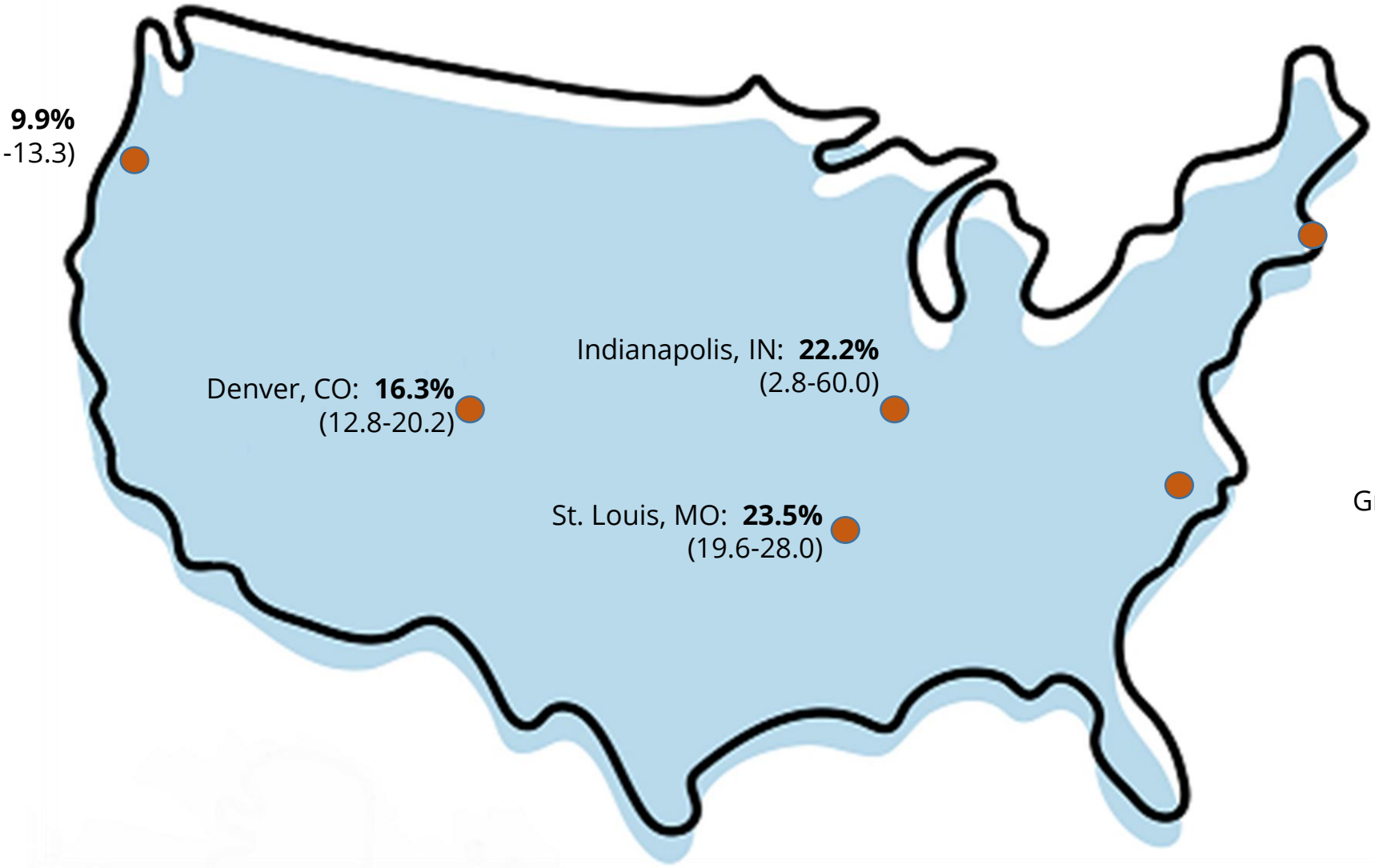
| Gonorrhea | Chlamydia | *Mycoplasma genitalium* |
|---|---|---|
| 2.81 (2.25-3.50) | 1.49 (1.08-2.04) | 3.10 (1.63-5.92) |

# Epidemiology of M. genitalium 2017-2018



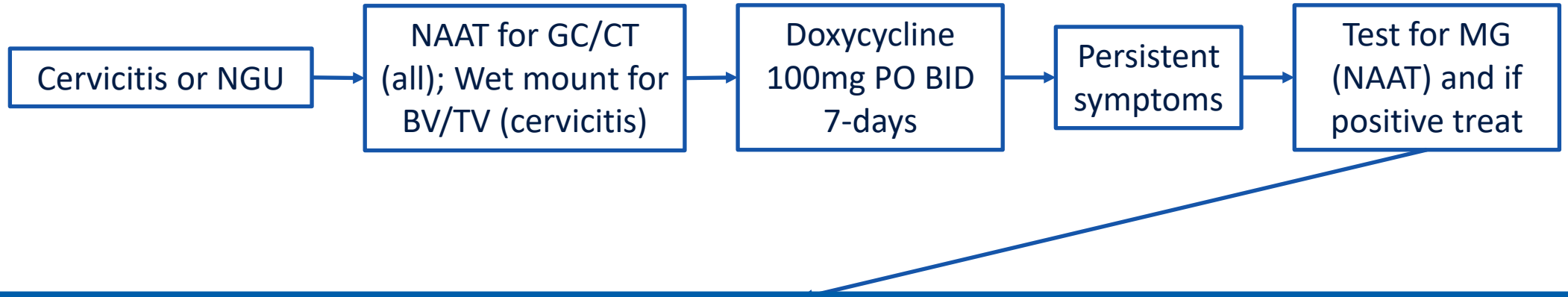

Data pulled from Bowen et al 2019 (gonorrhea and chlamydia) and Torrone et al. 2021 (M. gen). Graphic created in Excel.

# Prevalence in STI Clinics in U.S.




Attribution: iStock Photo License. Data from Manhart et al. 2023.

# CDC Guidelines for M. genitalium




## Recommended Regimens if *M. genitalium* Resistance Testing is Not Available

**If *M. genitalium* is detected by an FDA-cleared NAAT: Doxycycline** 100 mg orally 2 times/day for 7 days, followed by **moxifloxacin** 400 mg orally once daily for 7 days

# Who to test for M. genitalium?

- **Screening** NOT recommended. Also applies to pregnant people.
  - Rationale: Insufficient evidence of the consequences of asymptomatic infections or that treatment prevents negative sequelae.
- **Diagnostic testing** recommended for persistent NGU/cervicitis/proctitis and NOT at initial presentation. Can consider on initial presentation for PID.
  - Rationale: Some cases will clear with doxycycline alone and may slow increase in moxifloxacin-resistant strains.

# Who to test for M. genitalium? Cont.

- **Test of cure** is recommended ONLY when moxifloxacin cannot be used (e.g. in pregnancy or severe allergy) and patient remains symptomatic after treatment.
  - Rationale: Insufficient evidence that asymptomatic colonization causes negative sequelae.
- **Partner testing** can be offered for symptomatic patients with confirmed M. genitalium.
  - Rationale: There is high concordance of M. genitalium between partners. Treatment may reduce symptomatic reinfection of patients (though no studies exist to evaluate this).

# How is M. genitalium treated?

## Recommended Regimens if *M. genitalium* Resistance Testing is Available

**If *macrolide sensitive*: Doxycycline** 100 mg orally 2 times/day for 7 days, followed by **azithromycin** 1 g orally initial dose, followed by 500 mg orally once daily for 3 additional days (2.5 g total)

**If *macrolide resistant:* Doxycycline** 100 mg orally 2 times/day for 7 days followed by **moxifloxacin** 400 mg orally once daily for 7 days.

## Recommended Regimens if *M. genitalium* Resistance Testing is NOT Available

**If *M. genitalium* is detected by an FDA-cleared NAAT: Doxycycline** 100 mg orally 2 times/day for 7 days, followed by **moxifloxacin** 400 mg orally once daily for 7 days

Attribution: CDC STI Treatment Guidelines 2021.

# What if Doxy/Moxi is not an option in a non-pregnant patient?

**Consider azithromycin monotherapy**

1 gram PO once, then 500 mg PO daily x 3 days, with test-of-cure (TOC) at 21-28 days post treatment.

**If TOC shows azithromycin treatment is not successful, try minocycline** 100 mg BID x 14 days, with TOC at 21-28 days

(Shown to have 68% cure rate in study of 123 patients).

**If second TOC still positive…**

**Minocycline x 28 days? Minocycline + Tinidazole?**

**Pristinamycin: not available in the United States :/** Could try contacting the company (Sanofi)

# How is M. genitalium treated during pregnancy?

**Recommended regimen contraindicated in pregnancy**

- doxycycline contraindicated
- moxifloxacin being a Category C drug.

**Consider azithromycin monotherapy**

1 gram PO once, then 500 mg PO daily x 3 days, with test-of-cure (TOC) at 21-28 days post treatment.

**If TOC shows azithromycin treatment is not successful,** may need to wait until after delivery to adequately treat with the recommended regimen of doxycycline and moxifloxacin.

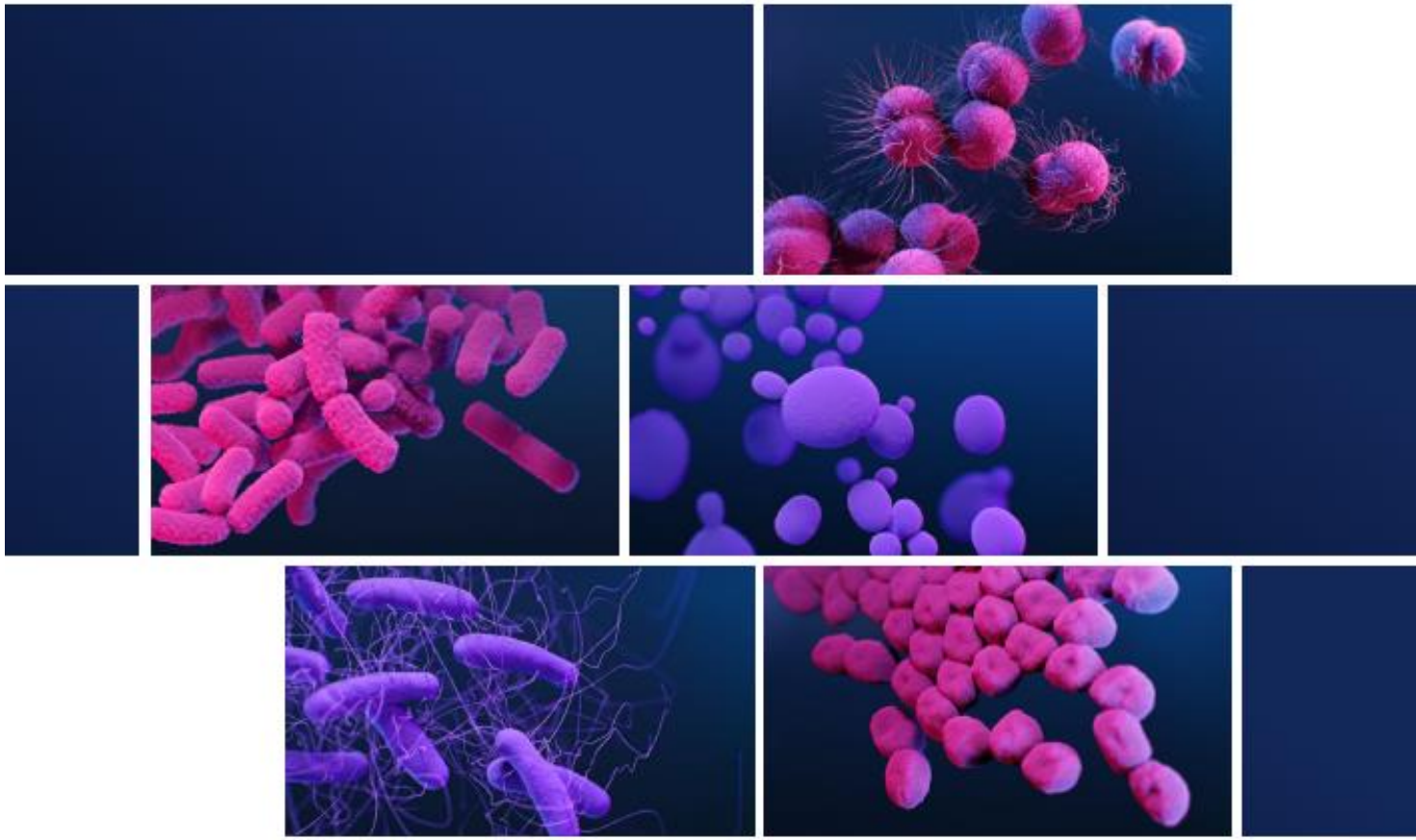
**Pristinamycin: not available in the United States :/** Could try contacting the company (Sanofi)

*Minocycline and Tinidazole both contraindicated during pregnancy.*

# CDC Antimicrobial Watch List

- Added to CDC watch list in 2019.
- Very quickly develops antibiotic resistance with increasing prevalence of macrolide and fluoroquinolone-associated mutations.

ANTIBIOTIC RESISTANCE THREATS
IN THE UNITED STATES
**2019**



# Great. But is it covered?

**Minocycline, Tinidazole and Pristinamycin for M. Gen**

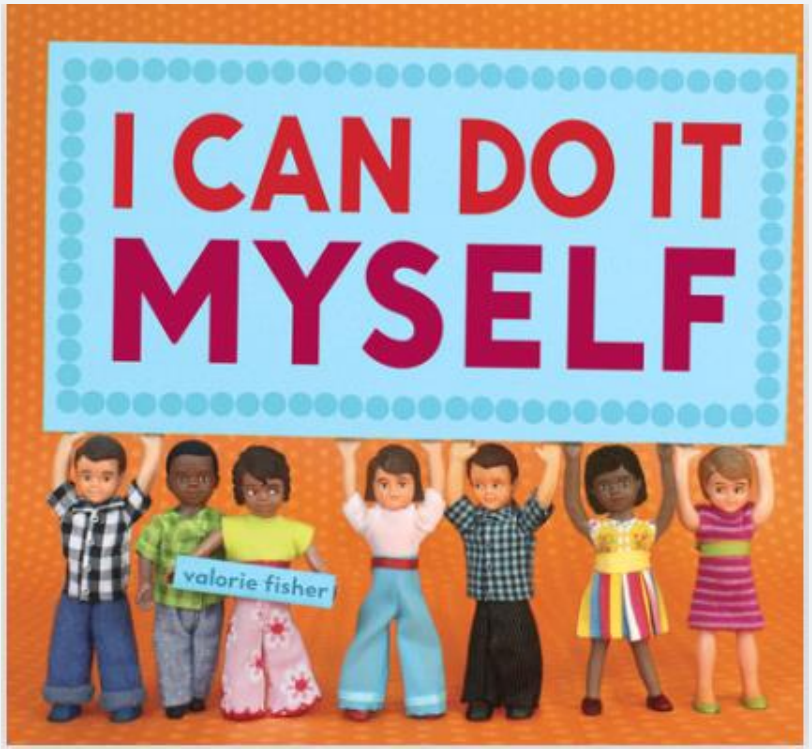
Medi-Cal:

- Minocycline: yes
- Tinidazole: yes
- Pristinamycin: no

Family PACT:

- Minocycline: no
- Tinidazole: covered for TV and BV but not M. Gen
- Pristinamycin: no

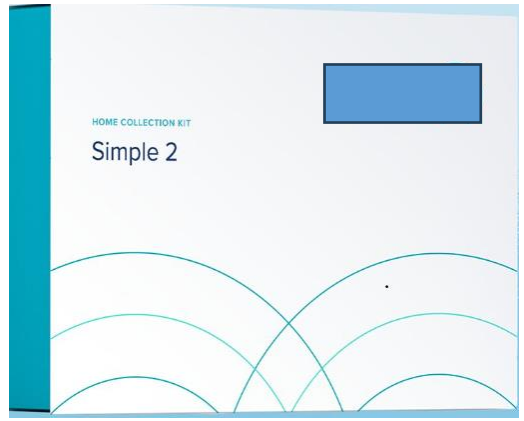
# Over-the-Counter STI Testing At Home?




DHCS

# Over-the-Counter STI/HIV Testing

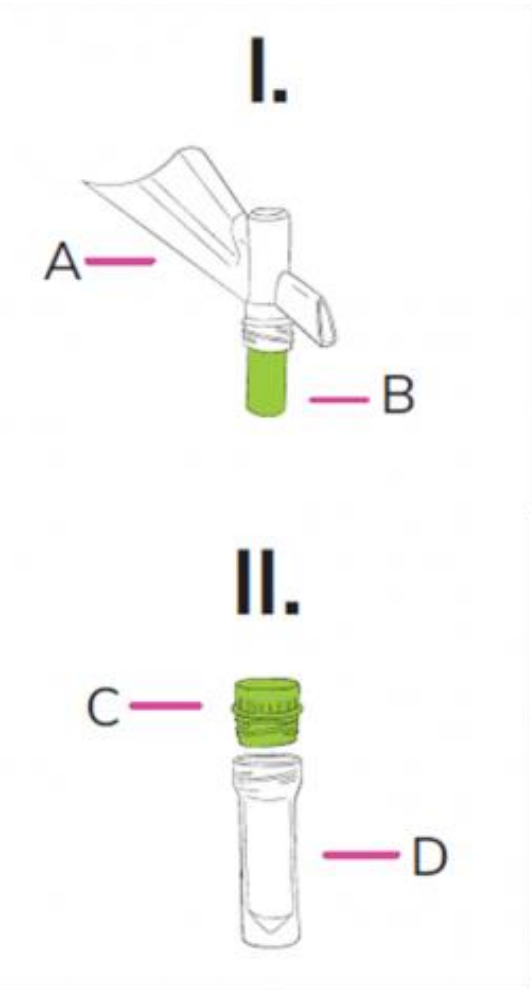
- **July 2012:** 1st FDA approved OTC test for HIV (Oraquick, OraSure Technologies)
- **Nov 2023:** 1st FDA approved OTC test for genital GC/CT (Simple 2, LetsGetChecked), mail to lab
- **August 2024:** 1st FDA approved OTC test for syphilis:  (First to Know, Now Diagnostics) Treponemal antibody only (no RPR-like component), positive for life
- **March 2025:** 1st FDA approved completely at home test for GC/CT/trichomonas for women (Visby Medical) – 30 min, results on phone.



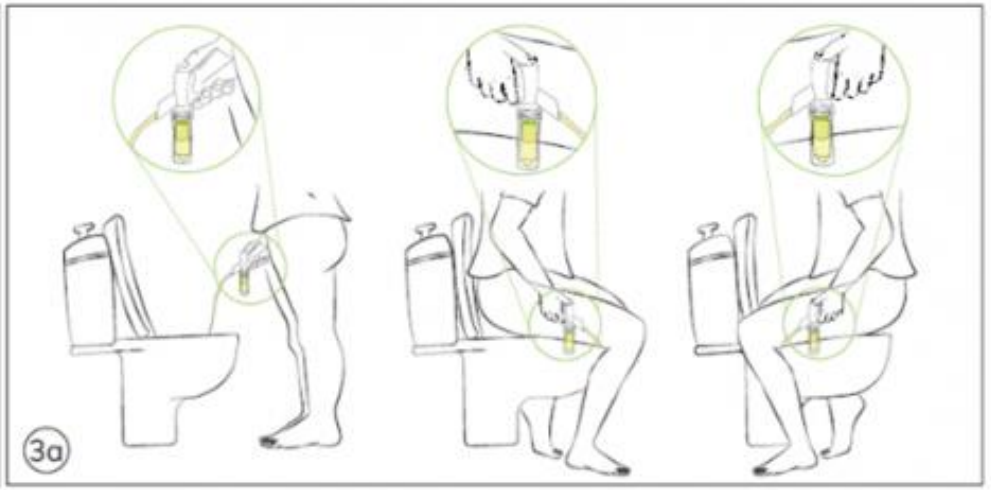

# June 2026: Colli-Pee

- Mail-in home collection kit for first-void urine
- Tests for CT, GC, Trich, and M. Gen
- NucleoPrecision™ Technology, a proprietary chemistry for DNA and RNA stabilization
  - Maintains urine sample integrity at ambient temperatures
- Run on Roche's cobas® 5800, 6800, and 8800 molecular diagnostic systems.
- Requires lab order, and developing mail-in lab workflow

# How to use:









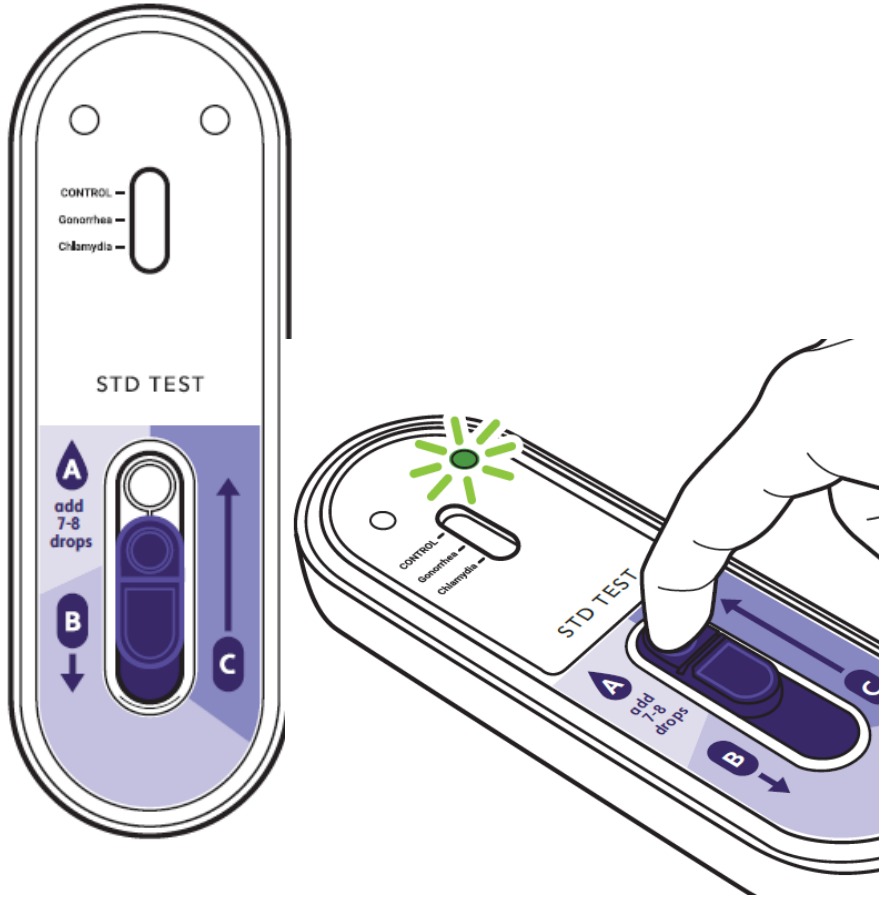
# In FDA Review:  A new CT/NG molecular self-test

**Overview:**

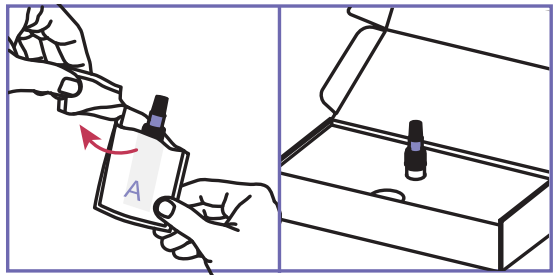
- **Over-the-Counter** and **Point-of-Care CLIA Waived** molecular test for chlamydia and gonorrhea
- Single-use disposable device with no plug required
- Sample types: Self-collected **vaginal or penile meatal** (around outside of urethral opening) **swab** specimen
- Test results in **30 minutes**

**Development Input:**

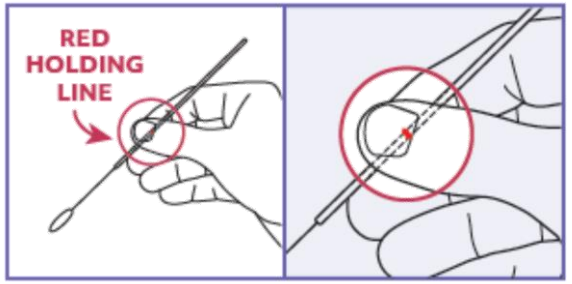
- OraSure is gathering additional voice of customer input prior to FDA clearance and product release



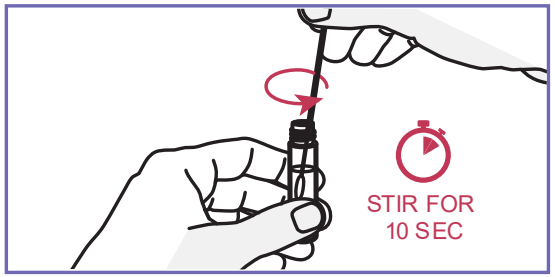
# How to use



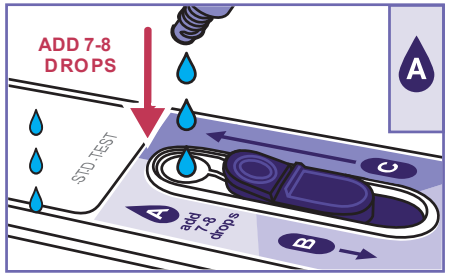

Open the box and prep the materials.



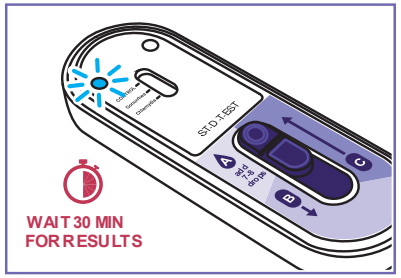

Use swab to collect sample.




Stir to release sample.




Drop sample in the test well and activate test.




Wait 30 min and read results.

***Product has not been cleared or approved by the U.S. FDA or any other regulatory authority. It is not available for sale or distribution in any jurisdiction.***

# Cervical Cancer Screening at Home?

# May 2024:
# FDA Approves Self-Collected HPV Testing

**American Cancer Society Statement:**
**FDA Approval of HPV Self-Collection for Cervical Cancer Screening**

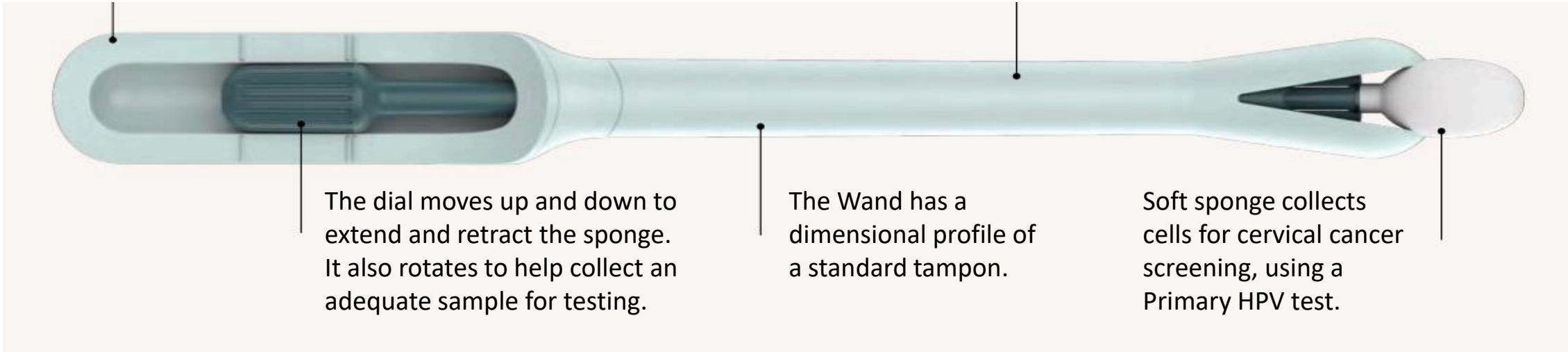
May 15, 2024

"Self-collection, a form of primary HPV testing, has been studied for over two decades and is feasible, acceptable, and comparable to clinician-collected samples."

# May 2025: FDA Authorized At-Home HPV Testing Device

**Teal Test Wand**

- Used with one hand
- Sponge at the top
- Use thumb to spin the bottom
- $99 with insurance (Aetna, Anthem, Blue Cross, Cigna, United)
- $249 self-pay or FSA/HSA



# Great. But is it covered?

**Home testing:**

GC/CT/trich/m.gen Colli-Pee Device

- CPT codes for CT/GC/trich/M. gen tests are covered by Medi-Cal and Family PACT (with the relevant dx codes for Family PACT).
- No billing codes for any specific home test kits yet.

HPV Teal Wand

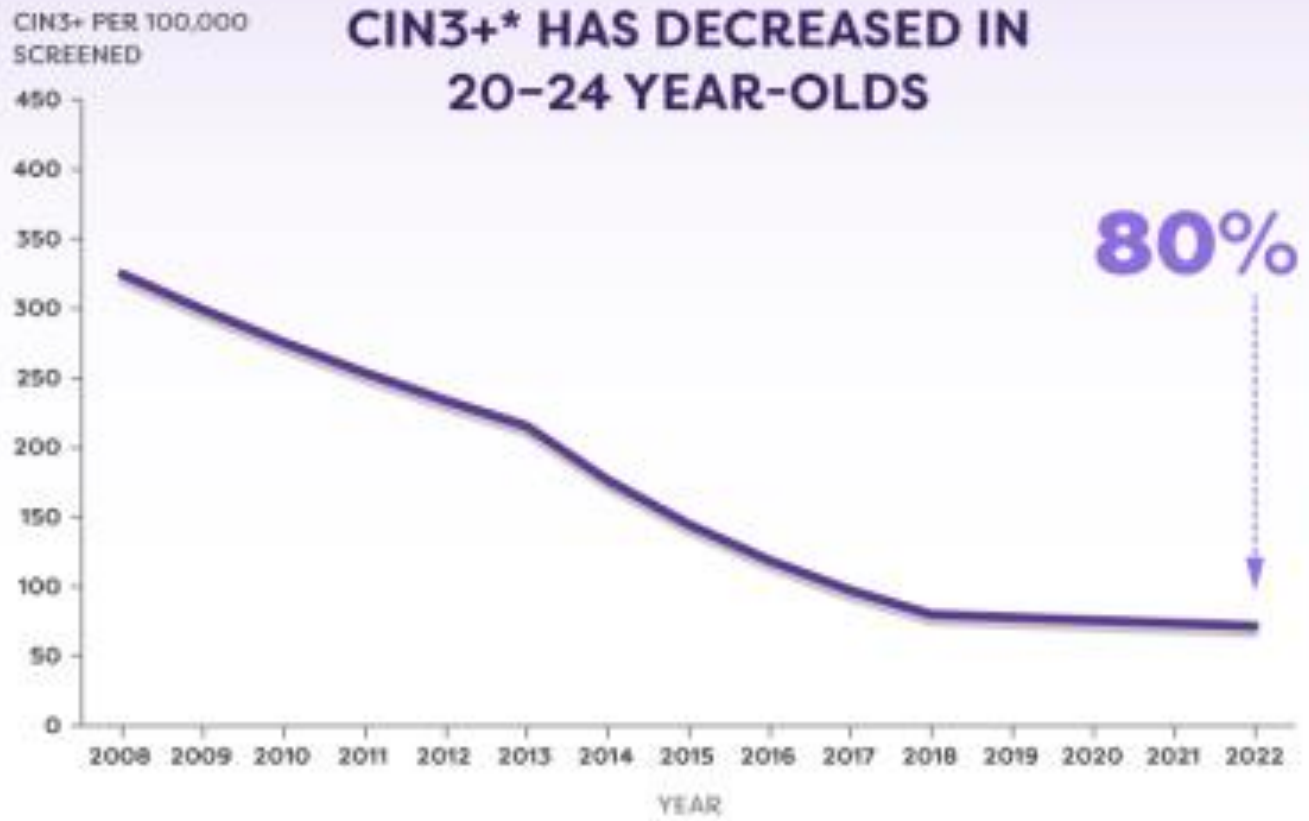
- 87626 HPV test is covered by both Medi-Cal and Family PACT, which is the test ordered on the Teal Wand specimen.
- No billing code for the Teal Wand itself.

# SELF CERV Study: Good positive agreement and sensitivity

- N=599 participants with a cervix (97% identified as female, general pop and abnormal HPV/Pap in prior 6 mos)
- Positive agreement between self collect (SC) and clinician collected (CC) samples for detection of hrHPV was **95.2%**
- Sensitivity for detection of high-grade cervical dysplasia was **95.8%** (95% CI, 86.0%-98.8%; 46 of 48 participants), **equivalent to the clinician collected** (relative sensitivity, 1.00).
  - **92.3**% reported device instructions easy or very easy to understand, similar % would choose SC if they knew the results were comparable to CC
- HPV testing done with existing FDA approved primary HPV test (Roche Cobas)

Fitzpatrick MB, JAMA Netw Open 2025 May 19;8(5):e2511081

# Cervical precancers decreased after HPV vaccine was introduced in the United States in 2006




**Health care providers should recommend HPV vaccination for girls and boys ages 11-12. Vaccination can be started at age 9, and catch-up is recommended through age 26.**

CDC.GOV

tinyurl.com/mm7406a4

FEBRUARY 27, 2025

*CIN3+ cervical precancers are most likely to progress to invasive cancer

MMWR

**CDC MMWR, February 27, 2025**

# *Sexually Transmitted Shigella*

DHCS

# Shigellosis

**Gastrointestinal infection**

**4 Shigella spp:** S. sonnei, S. flexneri, S. boydii, or S. dysenteriae

**Symptoms:**
Diarrhea (sometimes bloody), abdominal pain, cramps, fever, nausea, and vomiting. Starts 1-2 days after exposure and lasts for around 1 week; usually self-limiting; longer course for immunocompromised patients.

**Transmission:**
Fecal-oral contact, including hands or fomites contact with human feces; Contaminated food and water; Infectious dose is low (10-100 organisms); can occur during direct or non-direct sexual contact.

# Who is at Risk?

- Young children in childcare settings
- Travelers to endemic areas
- Gay, bisexual, and other men who have sex with men (GBMSM)
- Persons experiencing homelessness (PEH)
- Immunocompromised persons, people with HIV

Recent increases in antimicrobial-resistant Shigella infections among:

- Travelers to endemic areas
- GBMSM
- PEH
- Immunocompromised persons, people with HIV

Slide courtesy of Katherine Lamda, CDPH

# Diagnosis and Treatment

- Laboratory diagnosis
- Culture or by culture-independent diagnostic tests (CIDT) such as polymerase chain reaction (PCR) tests
- Routine use of antibiotic therapy is **not** recommended
  - Treatment may shorten duration of illness (1-2 days)
  - Exception: immunocompromised patients or those with severe disease, including people with HIV; tailor to antimicrobial susceptibility results

Slide courtesy of Katherine Lamda, CDPH

# Risk Factors for ST-shigella in MSM

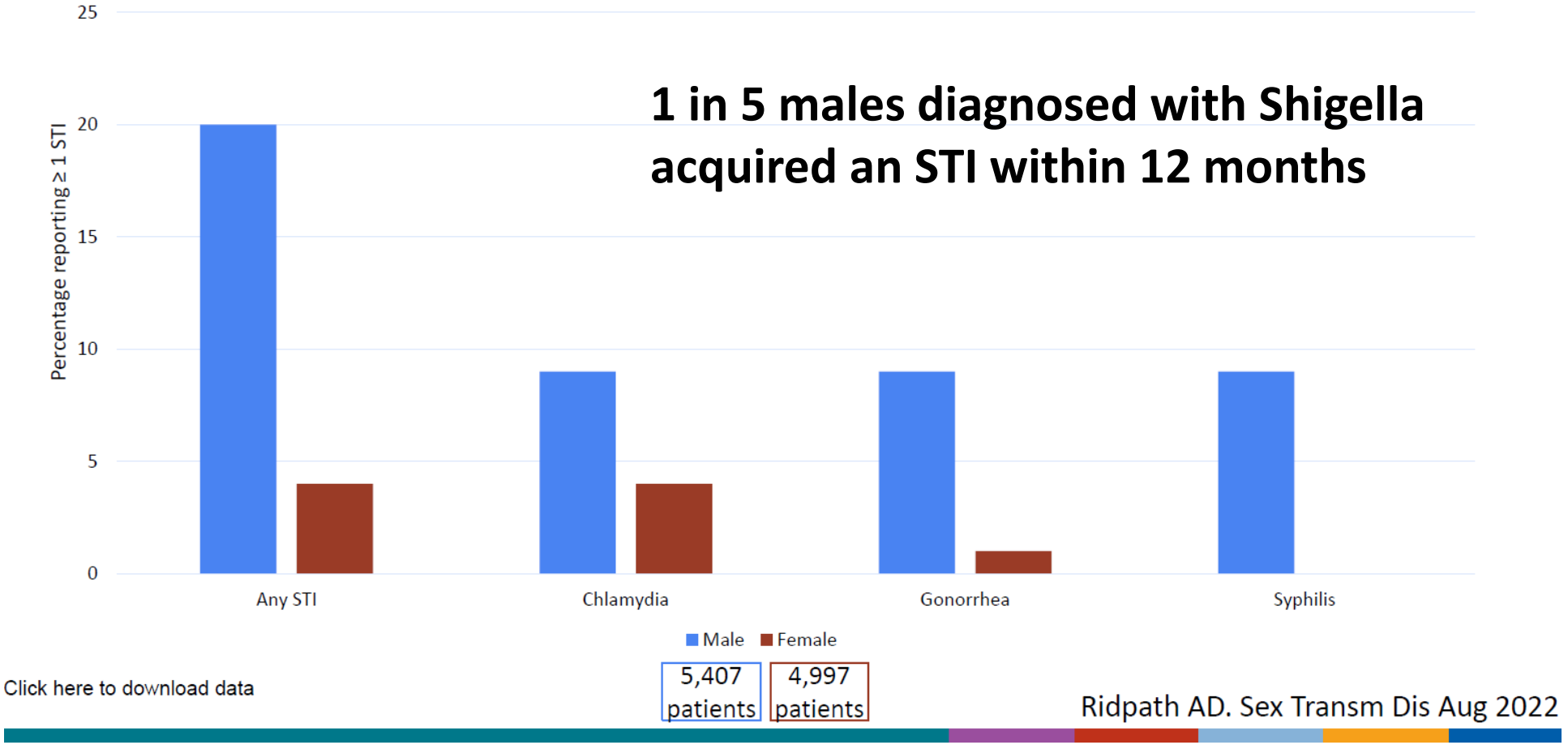
**Table 2: Risk factors associated with sexually transmitted shigella in men who have sex with men (MSM)**

| | |
|---|---|
| **Demographic** | • Residing in a capital city or urban area. |
| **Biological** | • Living with HIV.<br>• Living with HIV and having a high plasma HIV viral load (not taking antiretroviral therapy).<br>• Living with HIV and having a low CD4 count (not taking antiretroviral therapy).<br>• Antimicrobial-resistant *Shigella* spp.<br>• Having an STI (chlamydia, gonorrhea, syphilis, acute hepatitis C). |
| **Behavioral** | • Seroadaptive (HIV) sexual behavior<br>• Using HIV pre-exposure prophylaxis<br>• Using social media to meet sexual partners, access sex parties and source chemsex drugs.<br>• Visiting sex on premises venues<br>• Using recreational drugs (mephedrone, crystal methamphetamine, GHB/GBH, PDE5 inhibitors, ecstasy, poppers, marijuana, and injecting drug use.<br>• Oro-anal sexual behaviour (rimming)<br>• Condomless anal sex<br>• Fisting (insertive and receptive) and coprophilia<br>• Multiple sex partners<br>• Attending sex parties<br>• Group sexual behaviors |

GBL, y-butyrolactone; GHB, y-hydroxybutyrate

Siddiq, 2023

# Percentages of reported culture-confirmed *Shigella* cases with at least 1 STI reported within ±12 months by sex in 6 U.S. jurisdictions, 2007-2016

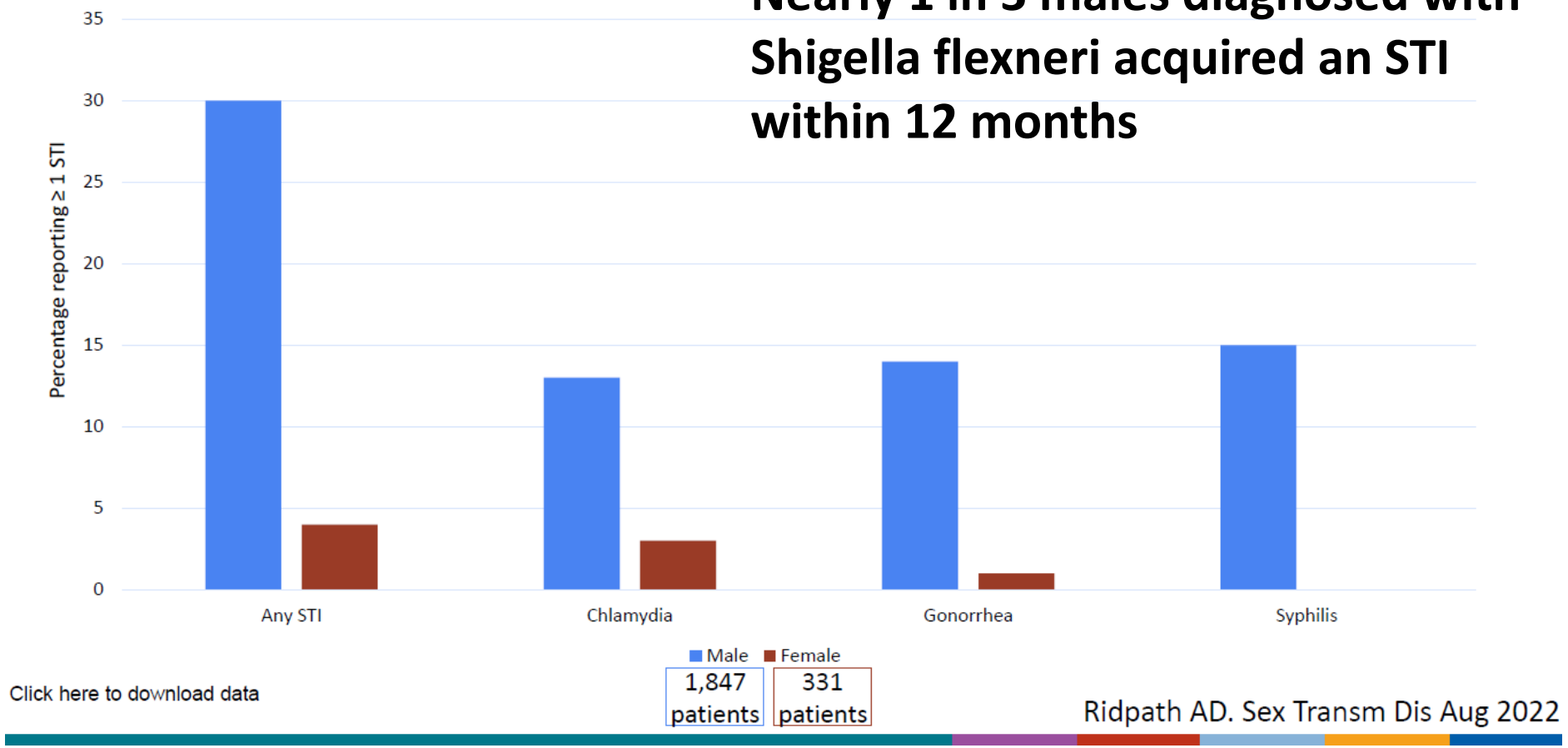



*CDC Clinician Outreach and Communication Activity (COCA) Call: Epidemiology, Testing, and Management of Extensively Drug-Resistant Shigellosis*

Ridpath AD. Sex Transm Dis Aug 2022

# Percentages of reported culture-confirmed *Shigella flexneri* cases with at least 1 STI reported within ±12 months by sex in 6 U.S. jurisdictions, 2007-2016

**Nearly 1 in 3 males diagnosed with Shigella flexneri acquired an STI within 12 months**




*CDC Clinician Outreach and Communication Activity (COCA) Call: Epidemiology, Testing, and Management of Extensively Drug-Resistant Shigellosis*

Ridpath AD. Sex Transm Dis Aug 2022

# Antimicrobial Resistance

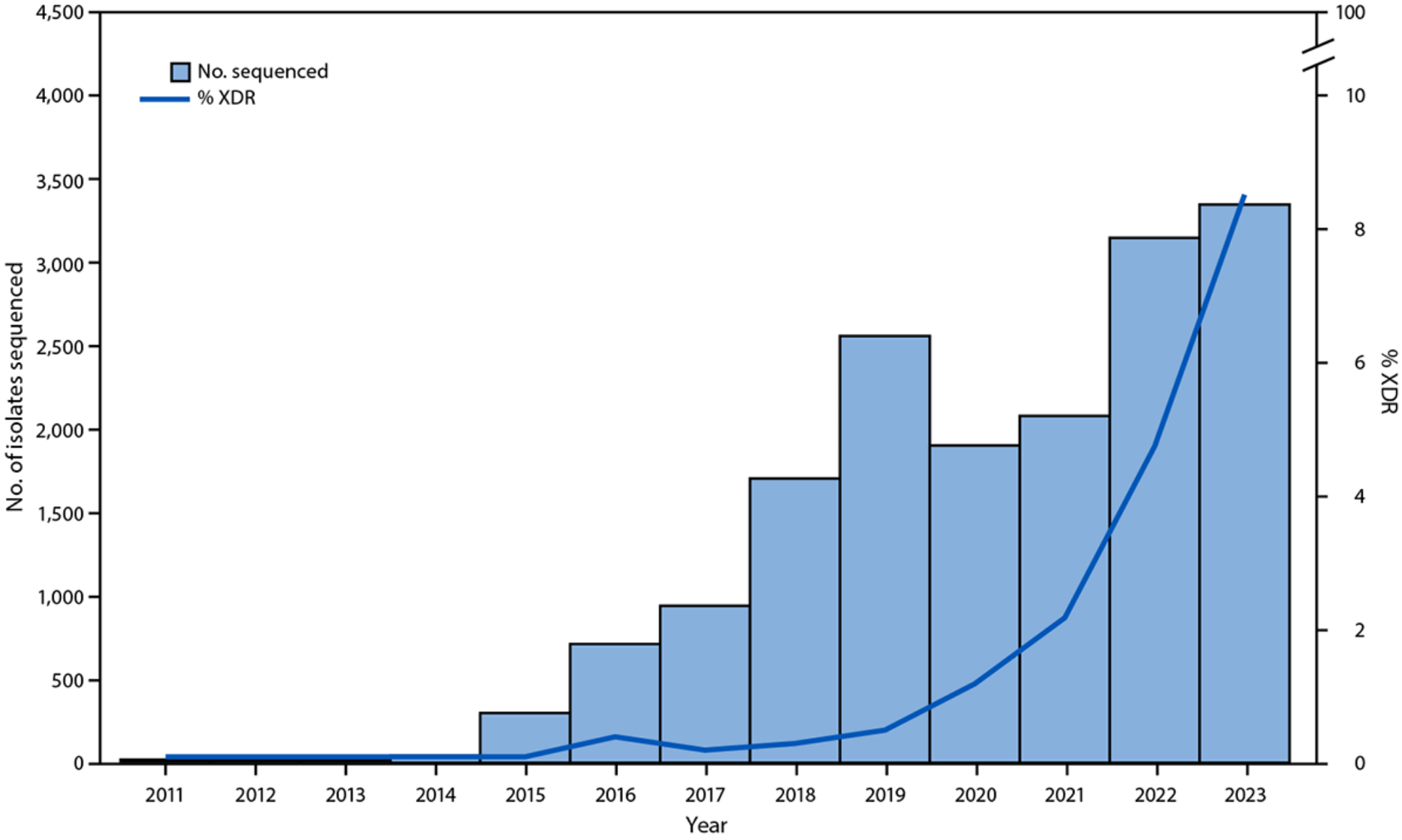
Morbidity and Mortality Weekly Report (*MMWR*)

Search

## Emergence of extensively Drug-Resistant Shigellosis – United States, 2011-2023

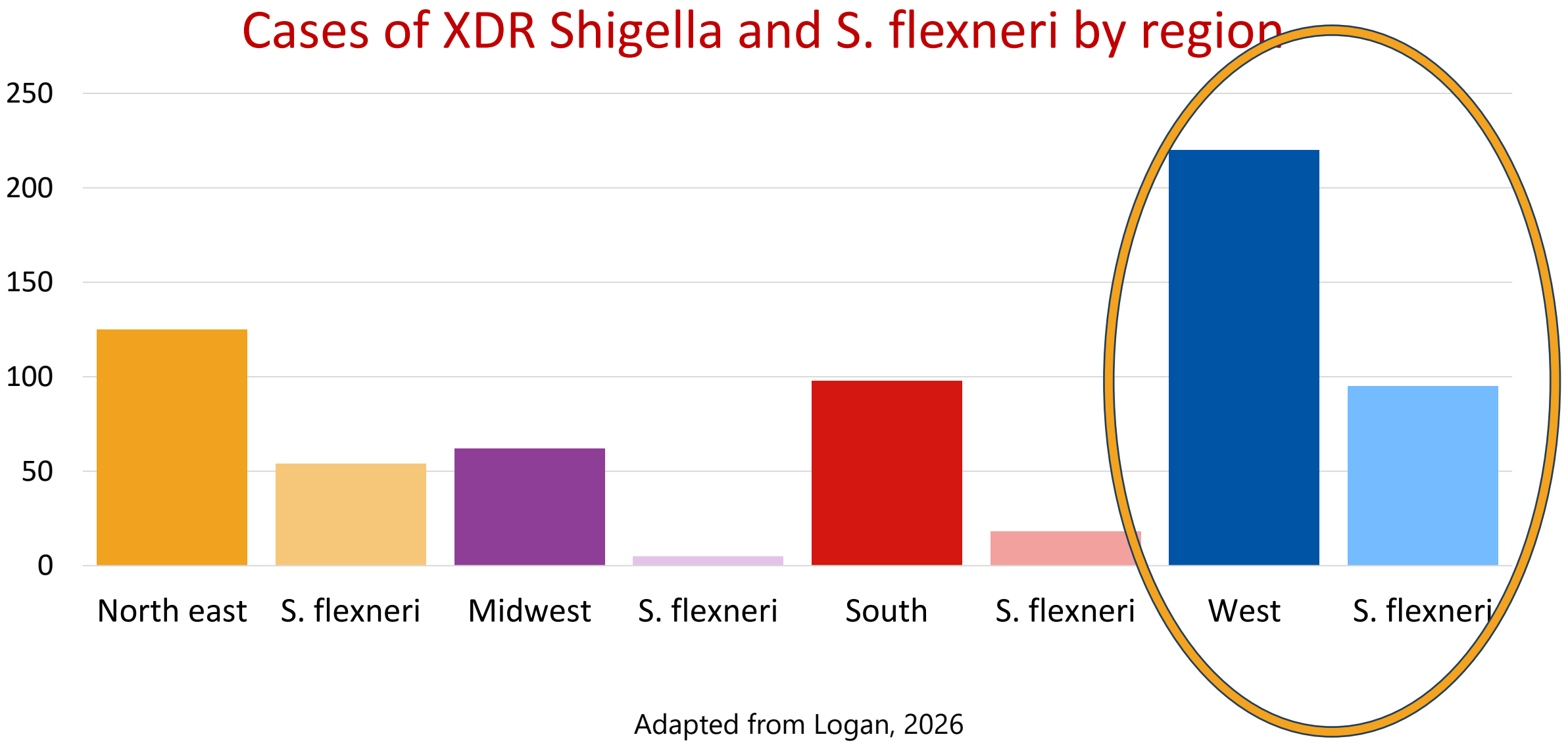
*Weekly*/ April 9, 2026 / 75(13); 173-178

# Antimicrobial Resistance cont.




- **96.1% >/= 18 years old**
  - Median age 41
  - 86.2% Male
- **37% hospitalized** (no deaths)

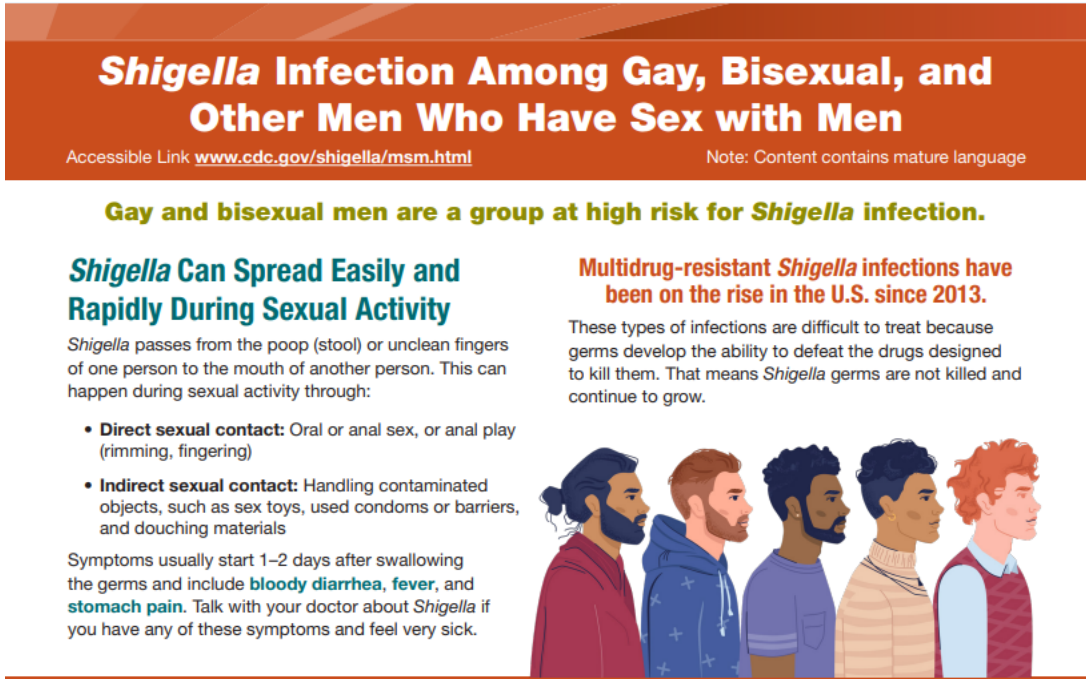
# Cases of XDR Shigella and S. flexneri by region




Adapted from Logan, 2026

# ST-shigella Prevention

- Avoid sex with individuals who have had diarrhea within the past two weeks
- Use barriers
- Condoms, dental dams during oral and oral-anal sex
- Latex gloves during digital-anal sex
- Wash hands, genitals, and anus with soap and water before and after sexual activity.
- Wash hands after touching sex toys, used condoms or barriers, and douching materials.
- Wash sex toys with soap and water after each use.



***Shigella* Infection Among Gay, Bisexual, and Other Men Who Have Sex with Men**

Accessible Link www.cdc.gov/shigella/msm.html

Note: Content contains mature language

**Gay and bisexual men are a group at high risk for *Shigella* infection.**

***Shigella* Can Spread Easily and Rapidly During Sexual Activity**

*Shigella* passes from the poop (stool) or unclean fingers of one person to the mouth of another person. This can happen during sexual activity through:

- **Direct sexual contact:** Oral or anal sex, or anal play (rimming, fingering)
- **Indirect sexual contact:** Handling contaminated objects, such as sex toys, used condoms or barriers, and douching materials

Symptoms usually start 1–2 days after swallowing the germs and include **bloody diarrhea**, **fever**, and **stomach pain**. Talk with your doctor about *Shigella* if you have any of these symptoms and feel very sick.

**Multidrug-resistant *Shigella* infections have been on the rise in the U.S. since 2013.**

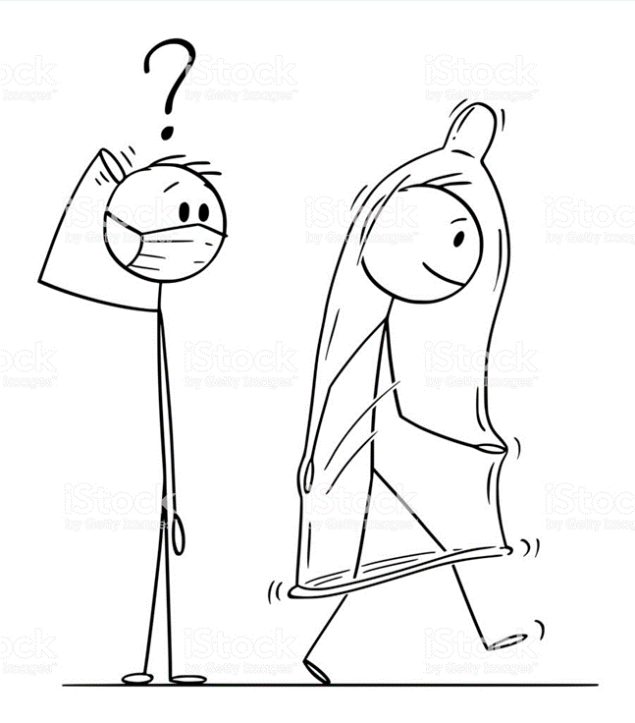
These types of infections are difficult to treat because germs develop the ability to defeat the drugs designed to kill them. That means *Shigella* germs are not killed and continue to grow.



Shigella Infection Among Gay, Bisexual, and Other Men Who Have Sex with Men | Shigella – Shigellosis | CDC

Slide courtesy of Katherine Lamda, CDPH

# STI Prevention Strategies



# Case

- 46 y.o. HIV (-) cis man who has sex with men. Struggled with adherence while taking oral PrEP, so was switched to cabotegravir LA IM every two months.
- Last 3 months:
  - ~30 male partners
  - Condomless insertive and receptive anal sex
  - Uses methamphetamine several times/week, inhaled and IV, including during sex
  - Uses doxycycline PO 200 mg PRN after condomless sex

# Doxy PEP: What is it?

## Doxycycline Post-Exposure Prophylaxis

One-time, 200 mg of **doxycycline**,

taken within 72 hours *after* having condomless oral, anal, or vaginal sex, to reduce infections with

gonorrhea (GC), chlamydia (CT), & syphilis.

*"**Plan B**" or "**Morning After Pill**" for bacterial STIs*

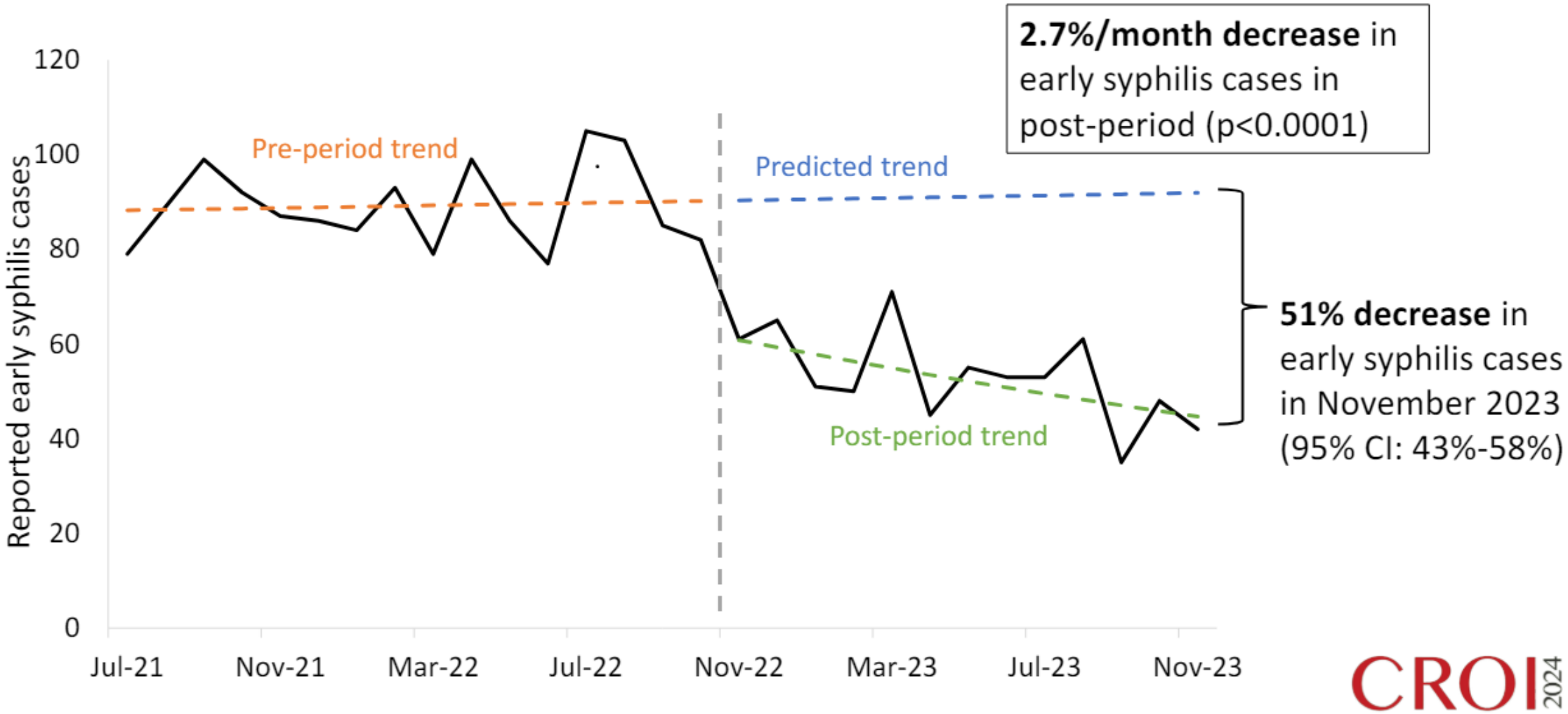
Slide adapted from: K. Mohr, CA Dept of Public Health

DoxyPEP AIDS 2022
Doxy-PEP: Day 1 of CROI 2023 | HIV.gov


- **October 2022:** San Francisco was 1st health department in US to release doxy PEP guidelines
- **2023** National HIV Behavioral Surveillance, San Francisco
  (N = 533, MSM with and without HIV)
  - 66.6% of MSM reported awareness of doxy-PEP
  - 19.3% of MSM used doxy-PEP.
    - MSM w/o HIV: use was associated with STI diagnoses and HIV PrEP use.
    - MSM living with HIV: use was associated with younger age.

AIDS Behav, 2025 Jul;29(7):2043-2053

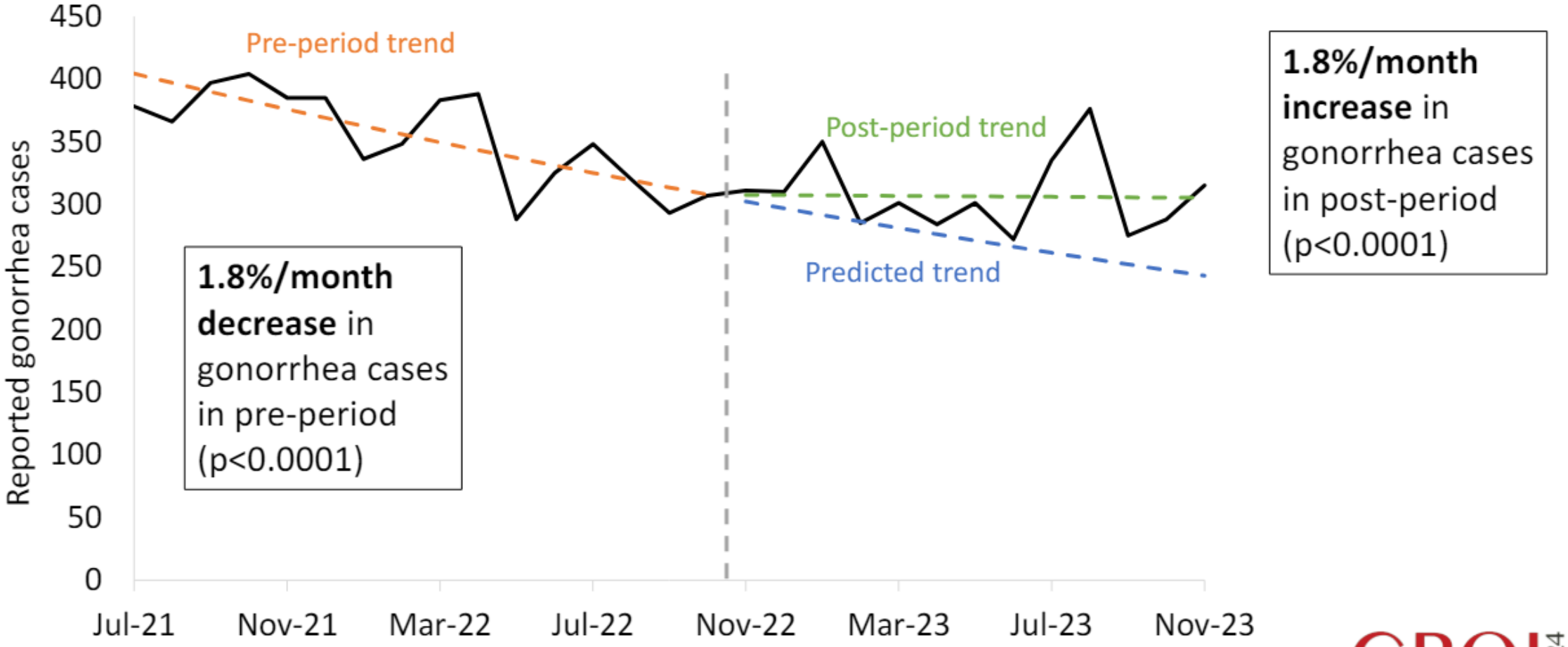
# Early Syphilis Results: Monthly SF Cases Among MSM and TGW




CROI 2024

Sankaran M, et al. CROI 2024, Abstract 127

# Gonorrhea Results: Monthly SF Cases Among MSM and TGW




Sankaran M, et al. CROI 2024, Abstract 127

# CIS-women and Doxy PEP: dPEP Trial No Difference in Incident STIs by study group, but…

- Poor Adherence: Among 50 randomly selected participants in the doxy PEP group, doxycycline was detected in 58 of 200 hair samples (29.0%)
- Follow up pilot study: Weekly doxy PEP using directly observed therapy with snack
- n=60 with 86 total f/ups (q 3 months x 6 months)
- Combined CT+GC incidence **18.4 per 100 py vs 31.8 per 100 py (favoring doxy)** CT alone also significant

**FoXXy doxy** study in people age 14-29 years old assigned female at birth is happening in the United States: On Demand vs. weekly (regardless of sex activity) vs. No Doxy PEP/standard of care

Stewart et al, NEJM, Dec 2023

Stewart et al. STI&HIV 2025 World Congress, July 2025

# Great. But is it covered?

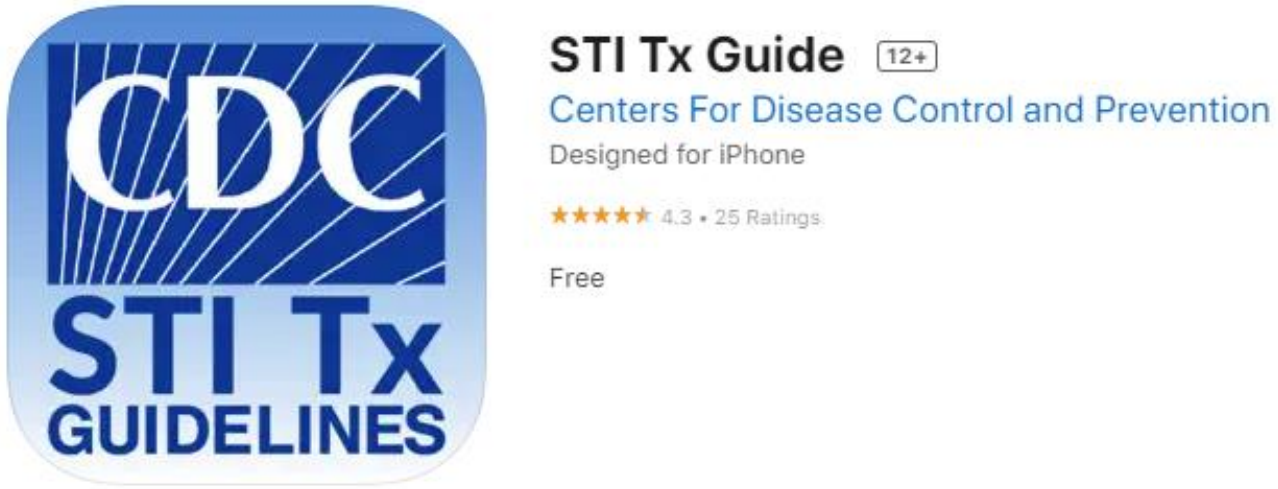
**Doxy PEP for females**

- Medi-Cal: doxycycline is covered without restriction
- Family PACT: no

# Great. But is it covered?

| Topic | Test/Treatment | Medi-Cal | Family PACT |
|---|---|---|---|
| **Gonorrhea Alternative Therapy** | **Gepo** | Yes, with prior auth. | No |
| | **Zoli** | Not yet | No |
| **Mycoplasma Genitalium Alternative Therapy** | **Minocycline** | Yes | No |
| | **Tinidazole** | Yes | No (but ok for TV and BV) |
| | **Pristinamycin** | No | No |
| **Home testing** | **Mail-in STI tests** | Labs yes, kit no | Labs yes, kit no |
| | **Mail-in HPV testing** | Lab yes, kit no | Lab yes, kit no |
| **STI prevention** | **Doxy PEP for females** | Yes | No |

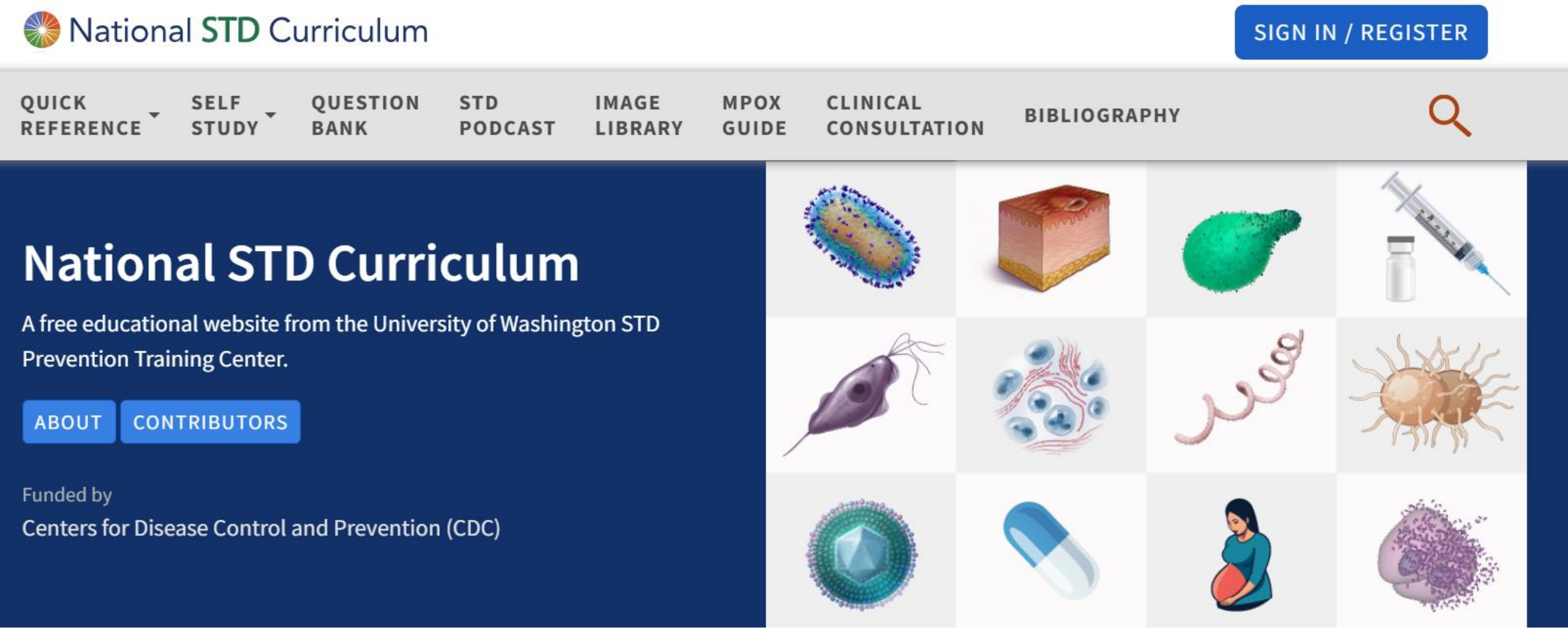
# Get the CDC Treatment Guidelines App




App Store (Apple)

Google Play
(Android)

# Love STIs and want free CME?
# https://www.std.uw.edu/



# National Network of STD Clinical Prevention Training Centers

Response in 1-5 days depending on level of urgency

**STDCCN.org**

# Reproductive Health Hotline (ReproHH)

*For clinicians by clinicians*

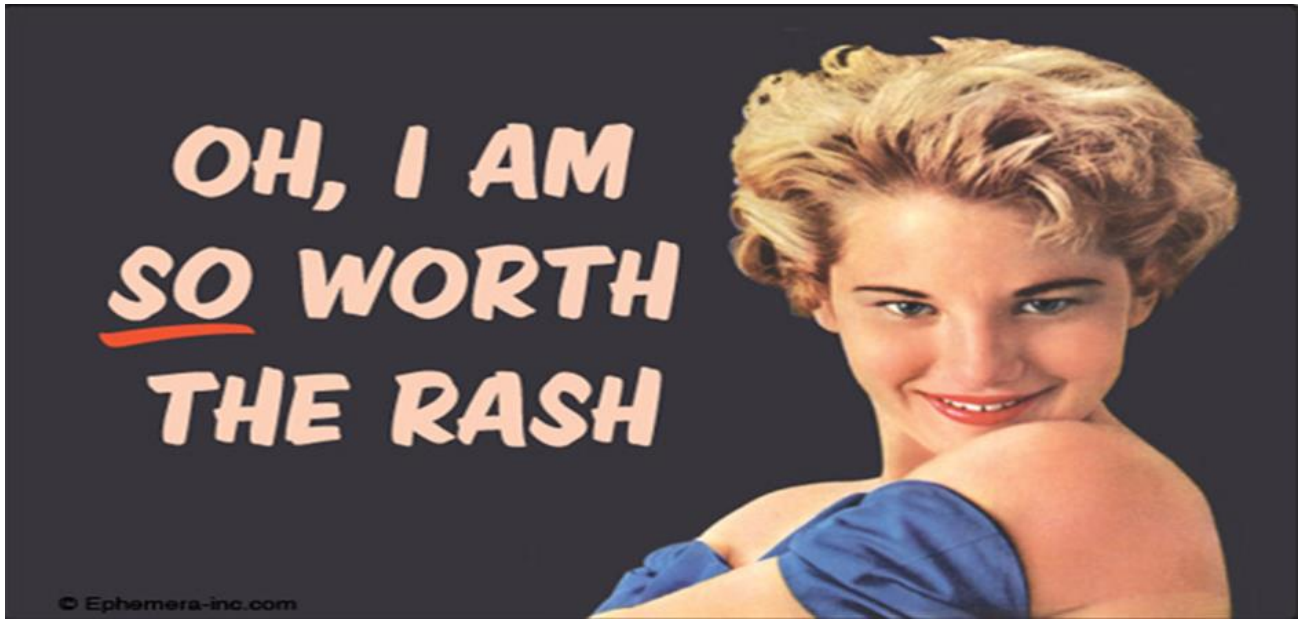

Free | Confidential | Nationwide | 8 am – 4 pm PT

# 1-844-ReproHH
# (1-844-737-7644)

Learn more and review our terms of service: ReproHH.ucsf.edu

Connect with us by scanning this QR code

# Thank you!

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Family PACT

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

California PTC

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HEALTH CARE SERVICES