

# Progress and Impact Mid-Biennium Report: STI Prevention Program (2025-2027)

The Sexually Transmitted Infection (STI) Prevention Program at the Oregon Health Authority (OHA) leverages multiple funding sources, including federal grants and state investments, across multiple award periods to support its work. For the first 12 months of the 2025-2027 biennium, the program's budget was \$2.7 million.

## Program background and summary

OHA works to reduce the rates of syphilis, gonorrhea, and chlamydia infections (reportable STI) among Oregonians through four primary strategies: providing STI testing, prevention of new STI infections, adequate and timely treatment, and

response to inequities, outbreaks and emerging issues. These focus areas are outlined in Oregon's End HIV/STI Strategic Plan, which aligns with national strategic plans and goals.

## Trends and outcomes summary

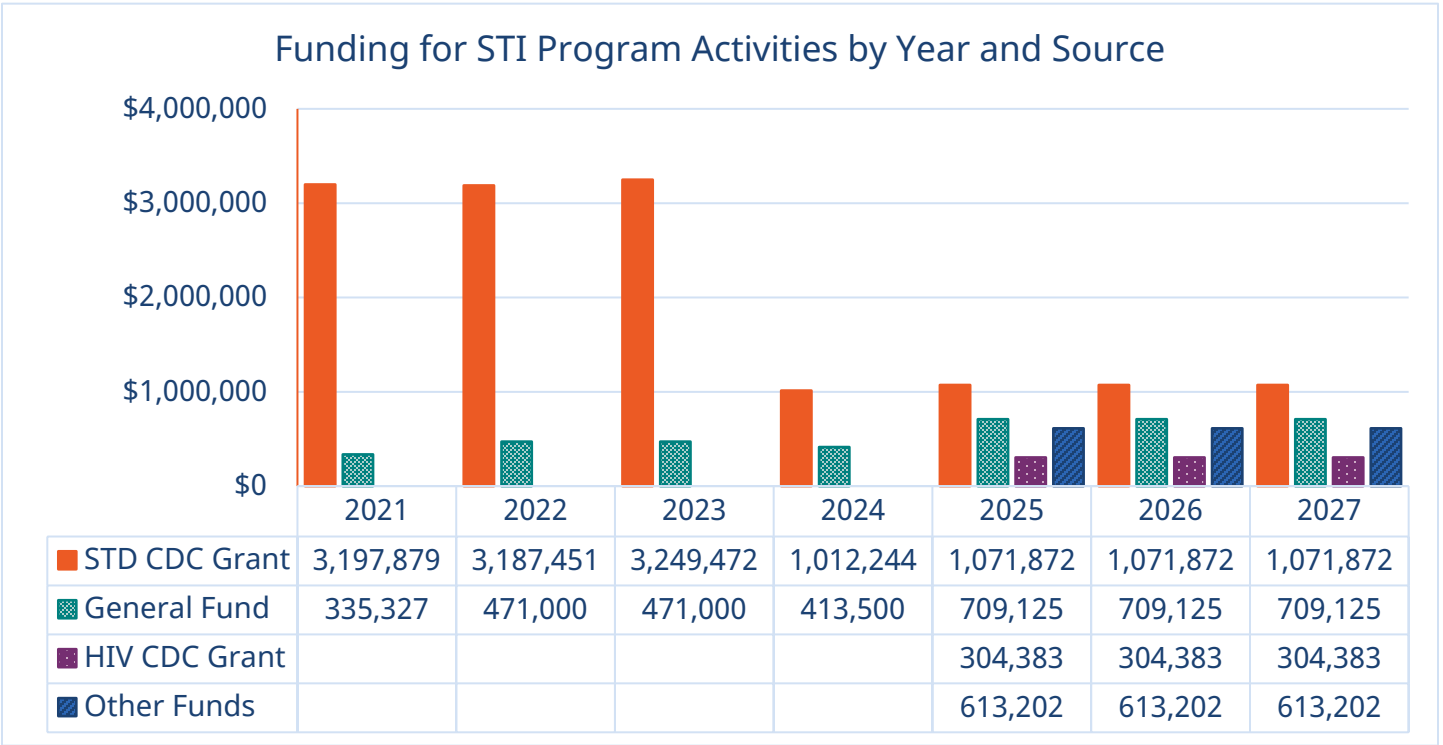
State General Fund for STI prevention totals \$492,500 per year and represents 18.5% of the STI Program's annual budget. Oregon has, however, seen significant increases in STI cases from 2019-2022, namely in syphilis (454 primary/secondary cases in 2019 compared to 1,117 cases in 2022) and congenital syphilis (18 cases in 2019 compared to 37 cases in 2022). Oregon is now beginning to see modest but meaningful progress to prevent and control STI infections in Oregon. OHA has leveraged federal HIV prevention funding sources for allowable STI activities as part of an integrated

program model to provide additional support to the STI program.

Investment in STI prevention is critical. Based on 2024 Oregon STI data and using the Sexually Transmitted Infection Costs Saved (STIC Figure 2.0) tool, **current STI programming saves an estimated total of \$10,710,750 in lifetime direct medical and productivity costs to Oregonians.** This benefit comes from averting STI and HIV cases, which helps patients and the general population.

## Program funding

Total annual funding for STI program activities since 2021.



The leveraging of multiple federal and state grants and investments, which cross multiple award periods, makes annual representation of funding the best way to illustrate funding changes over time.

Objectives, outputs and outcomes

The table below includes a few measures that illustrate the work of the STI Prevention Program during the first 12 months of the biennium.

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| <p><b>Objective 1:</b></p> <p>Provide OHA-funded STI testing to reach priority populations through the Oregon State Public Health Lab (OSPHL).</p> <p><b>Output:</b></p> <p>Number of OSPHL STI subsidized tests provided annually.</p> <ul style="list-style-type: none"><li>2024: 12,755 tests</li><li><b>2025: 14,704 tests</b></li></ul> <p><b>Outcome:</b></p> <p>Increased the number of OHA-funded STI tests performed annually to facilitate treatment and prevent further infection.</p> | <p><b>Objective 2:</b></p> <p>Prevent STI transmission by identifying people with infections, conducting disease investigation and partner services, providing health education and linking people to treatment.</p> <p><b>Output:</b></p> <p>Proportion of early syphilis cases interviewed:</p> <ul style="list-style-type: none"><li>2024: 67.7%</li><li><b>2025: 67.9%</b></li></ul> <p><b>Output:</b></p> <p>Distributed syphilis screening recommendations to health care providers in Summer 2025.</p> <p><b>Outcome:</b></p> <p>Increased percentage of providers conducting third trimester syphilis screening.</p> <ul style="list-style-type: none"><li>2025-26 target: 73.7%</li><li><b>2025-26 update: 83.2%</b></li></ul> | <p><b>Objective 3:</b></p> <p>Provide timely, adequate treatment of early syphilis and prevent syphilis in infants.</p> <p><b>Output:</b></p> <p>Treatment of pregnant people diagnosed with syphilis is initiated at least 30 days prior to delivery.</p> <ul style="list-style-type: none"><li>2024: 53.8%</li><li><b>2025: 60.1%</b></li></ul> <p><b>Output:</b></p> <p>Treatment of early syphilis cases within 14 days.</p> <ul style="list-style-type: none"><li>2024: 67%</li><li>2025: 58.8%</li></ul> <p><b>Outcome:</b></p> <p>Increased percentage of people with syphilis who initiate treatment at least 30 days prior to delivery.</p> <ul style="list-style-type: none"><li>Target: 55%</li><li><b>2025 update: 60.1%</b></li></ul> <p><b>Outcome:</b></p> <p>Increase percentage of early syphilis cases treated within 14 days.</p> <ul style="list-style-type: none"><li>Target: 70.1%</li><li>2025 update: 58.8%</li></ul> |
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Considerations

Oregon syphilis cases have recently slowed. While there is no clear explanation, the decrease is likely due to increased awareness, screening and treatment, among other factors. Future federal funding remains uncertain, potentially requiring more reliance on state funds. A national Bicillin recall, issued in mid-2025, has resulted in an ongoing Bicillin shortage. Bicillin is the first-line antibiotic treatment for syphilis and the only

treatment for pregnant people with syphilis. The shortage has required substantial OHA STI Program time to return recalled Bicillin, coordinate communications such as Health Alerts, and issue recommendations for prioritizing available Bicillin for congenital syphilis prevention. This shortage may also have impacted the percentage of early syphilis cases treated with Bicillin within 14 days in 2025 (see metric in table above).

Other formats and languages

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