

Title: National STI Awareness Week begins on April 13th, 2026 - Important Action Items

Dear Colleague,

National STI Awareness Week begins on April 13, and we are pleased to share that Oregon is beginning to see modest but meaningful progress in our efforts to prevent and control sexually transmitted infections (STIs). Gonorrhea and chlamydia case counts have steadily declined each year since 2021, and syphilis (all stages) has been trending downward since 2023. Please visit our [STI data dashboards](#) for updated graphs and additional information.

While we cannot pinpoint the exact drivers of these improvements, the collective work of local public health, clinical providers, and community partners has played a critical role. Expanded screening, timely treatment, and persistent outreach efforts are likely contributing to these positive trends. Newer prevention tools such as [Doxycycline Post-Exposure Prophylaxis](#) (DoxyPEP) may also be influencing recent declines.

While signs of progress are encouraging, it's important to remain vigilant. The recent declines do not erase decades of rising STI transmission, and congenital syphilis remains a significant public health concern. Continued commitment to best practices is essential to sustaining and strengthening these gains.

Please continue to prioritize the following actions in your clinical and public health work:

- Screen all pregnant patients for syphilis three times during pregnancy: at the initial prenatal visit, in the early third trimester, and again at delivery.
- Screen pregnant people with limited or no prenatal care for syphilis and HIV whenever the opportunity arises (e.g., emergency departments, urgent care centers).
- When follow-up is uncertain, empirically treat suspected primary or secondary syphilis, the most infectious stages of the disease.
- Partner with your local public health department to facilitate adequate and timely completion of treatment and contact tracing.
- For patients experiencing houselessness, collect as much contact information as possible, including alternate phone numbers, email, social media accounts, emergency contacts, and locations where they stay or access services to support follow-up and treatment completion.
- The Bicillin L-A shortage will continue for the foreseeable future according to a [recent communication](#), but it is still being manufactured and distributed. Please contact your supplier to learn how to submit backorders so that you are in the queue to receive supply as it becomes available during the shortage.
- While benzathine penicillin G (BPG) supply remains limited, prioritize pregnant people with syphilis and newborns exposed to syphilis. Treat non-priority populations (especially partners of pregnant people diagnosed with syphilis and individuals with primary or secondary syphilis) with BPG as your local supply allows. Lentocilin, a BPG equivalent, is approved by the FDA for importation and use in the United States.

Your continued partnership is essential to protecting the health of individuals, families, and communities across Oregon. Thank you for your ongoing commitment, adaptability, and compassion in the face of evolving challenges.

Sincerely,

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Additional Resources

STI treatment recommendations can be found in the [2021 CDC STI Treatment Guidelines](#)

[Clinical Interpretation of Syphilis Screening Results Tool](#)

[Online clinical consultation service](#) for syphilis and other STIs

Learn more about STIs and earn free CME at the [National STD Curriculum](#)

[Guidance on Lentocilin use](#) for providers