

Brown Health researchers identify key molecule behind ‘exceptional responders’ with glioblastoma

PROVIDENCE — A team of researchers from Brown University Health and Brown University has uncovered an important clue in the fight against glioblastoma, the most common and aggressive form of brain cancer in adults.

The team studied a rare group of patients known as ‘exceptional responders’, whose tumors are exquisitely sensitive to therapy, allowing these patients to live well beyond expectation. Through this study, Brown University Health researchers identified a powerful molecule that may pave the way for a new class of highly effective therapies.

The findings, published in the March issue of *iScience*, center on a molecule called miR-181d. Researchers found that tumors in these ‘exceptional responders’ contain higher levels of miR-181d, which appear to play two very important roles: weakening the tumor while also helping the body’s immune system fight back.

Typically, treatments like radiation and chemotherapy work by damaging a tumor’s DNA. But many glioblastoma cells can repair that damage, allowing the cancer to regrow. The researchers discovered that miR-181d blocks a key protein, called RAD51, that cancer cells rely on for this repair process. Without it, the tumor becomes more vulnerable to treatment.

“By studying hundreds of patient tumor samples, we found that people whose tumors have lower RAD51 levels live longer. What makes this discovery so powerful is that miR-181d naturally lowers RAD51 levels,” said **JAY HOU, PhD**, assistant professor of neurosurgery at Brown University Health and a key collaborator on the study. “So, miR181d could help make glioblastoma tumors more sensitive to treatment.”

miR181d provides a second important benefit to glioblastoma patients. The research also showed that miR-181d may

help “switch on” the immune system against the tumor. In preclinical models, adding miR-181d back into tumors before radiation not only helped shrink them but also appeared to train the immune system to recognize and attack glioblastoma cells in the future.

This kind of response, in which the immune system continues to attack cancer long after treatment ends, is rare, but researchers say miR181d may increase the likelihood. Because longterm survival in cancer often depends on how powerfully the immune system can stay engaged, this effect is crucial.

“We’ve been studying exceptional responders and miR-181d for more than a decade. We understand now that miR-181d sits at the very center of how glioblastomas respond to therapy and the body’s ability to mount an effective immune response against glioblastoma,” said senior author **CLARK CHEN, MD, PhD**, professor and director of the Brain Tumor Program at Brown University Health. “Our findings suggest that treating glioblastoma with miR181d could improve the chances that all patients live longer, much like the ‘exceptional responders’ who far outlive what this disease typically allows.”

Researchers are now working toward a clinical trial in which miR181d would be delivered directly into tumors during surgery to help the body mount a stronger, longerlasting defense against glioblastoma.

The study was a collaborative effort involving scientists from Brown University Health, Brown University, the University of Minnesota, the International Institute of Information Technology, and Johns Hopkins University.

The study can be found at: miR-181d coordinates homologous recombination and anti-tumor immune responses in glioblastoma: *iScience*. ❖

University Gastroenterology (UGI) launches clinical trials studying use of GLP-1 medications for complex digestive diseases

PROVIDENCE — University Gastroenterology (UGI) has launched a series of clinical trials studying the use of GLP-1 medications for patients with fatty liver disease (MASH), inflammatory bowel disease (IBD), and irritable bowel syndrome (IBS).

These studies offer eligible participants access to therapies at no cost, with many participants also receiving compensation for their time. Some of these therapies are FDA-approved, while others are

investigational, allowing researchers to evaluate emerging treatment options. GLP-1 medications have gained national attention for their use in metabolic conditions, and researchers are now exploring their potential role in treating complex gastrointestinal diseases that affect millions of Americans.

By participating in these studies, patients may gain access to new approaches

that are not yet widely available. Qualified participants may receive:

- Study-related medications at no cost
- Access to specialized care and monitoring
- Compensation for time and participation

For more information, visit:

<https://www.universitygi.com/ongoing-trials> or call 401-227-8393. ❖

Reed, Whitehouse, Magaziner, Amo announce \$18M for RI medical research

WASHINGTON, DC — In an effort to boost public health and further medical research, U.S. Senators **JACK REED** and **SHELDON WHITEHOUSE** and Congressmen **SETH MAGAZINER** and **GABE AMO** announced \$18,078,715 from the U.S. Department of Health and Human Services (HHS) to help Rhode Island-based researchers, including Brown University; the University of Rhode Island (URI); the Rhode Island Department of Health (RIDOH); and other Ocean State institutions to advance science, medicine, and health care.

A large portion of the federal funding will be used by universities and hospitals, as well as RIDOH, to support medical advancement in various fields, ranging from biomedical research to diabetes and lung diseases to research related to aging, childhood development, mental health care, substance use, addiction, neurological disorders, and more.

The fiscal year 2026 appropriations law included \$116.6 billion in funding for the U.S. Department of Health and Human Services and targeted investments to propel life-saving and life-changing cures and treatments, including: \$5.5 billion for mental health research; \$3.9 billion for Alzheimer's disease research; \$7.4 billion for cancer research, including \$30 million for Senator Reed's Childhood Cancer STAR Act; \$1.6 billion for opioid research; and \$2.3 billion for diabetes research

Recipients of HHS grants related to medical research include:

Brown University

\$1,873,288 for Aging Research
 \$1,348,042 for Drug Abuse and Addiction Research Programs
 \$1,283,789 for Alcohol Research Programs
 \$1,237,515 for Pharmacology Physiology and Biological Chemistry Research
 \$1,042,549 to study Mental Health
 \$791,611 to study Allergy and Infectious Diseases
 \$672,899 for Lung Diseases Research
 \$478,722 for Clinical Research related to Neurological Disorders
 \$50,114 for Biological Research Related to Deafness and Communicative Disorders
 \$385,598 for Mothers and Children Research

University of Rhode Island

\$567,224 for Aging Research

Women & Infants Hospital

\$385,000 for Child Health and Human Development Extramural Research
 \$195,480 for Diabetes Endocrinology and Metabolic Research

Miriam Hospital

\$376,322 for Diabetes Endocrinology and Metabolic Research
 \$1,230,244 for Drug Abuse and Addiction Research Programs

Bradley Hospital

\$183,914 to study Mental Health
 \$169,696 for Mothers and Children Research
 \$118,482 for Children's Graduate Medical Education Program

Butler Hospital

\$165,987 for Mental Health Research

Rhode Island Hospital

\$734,814 for Drug Abuse and Addiction Research Programs
 \$80,224 for Allergy Immunology and Transplantation Research

Thundermist Health Center

\$55,882 National Training and Technical Assistance

Rhode Island Department of Health

\$164,888 for State Primary Care Offices
 \$136,502 for Maternal and Child Health Services
 \$77,537 for Universal Newborn Hearing Screening and Intervention
 \$68,511 for Emergency Medical Services for Children (EMSC) Partnership
 \$66,580 for Maternal and Child Health Bureau (MCHB) State Systems Development Initiative
 \$467,030 for Agency for Toxic Substances and Disease Registry (ATSDR) Partnership to Promote Local Efforts to Reduce Environmental Exposure
 \$1,083,848 for Family Planning Services

Rhode Island Executive Office of Health & Human Services

\$1,168,613 for National Training and Technical Assistance
 \$371,284 for Aids Drug Assistance Program (ADAP) Relief

Tri-County Community Action Agency

\$1,046,526 for Health Center Program

Kent Hospital transformative \$97M re-construction project begins

WARWICK — Care New England recently announced the details of a transformative construction project at Kent Hospital, to begin this spring, designed to modernize the campus, expand clinical capacity, and bring enhanced services to the community.

It includes the creation of a new ambulatory services building, expansion of the Cardiac Catheterization Suite, expansion and modernization of the Kent Hospital Emergency Department, and creation of a new main entrance space.

The \$97 million project is financed through the US Department of Housing and Urban Development (HUD) FHA Section 242 Loan Program, which is designed to provide federal mortgage insurance to facilitate construction and refinancing for healthcare facilities.

“This investment reflects our deep commitment to the health and well-being of our community,” said **CAROLYN JACKSON**, president and COO, Kent Hospital. “As demand for care continues to grow, this project ensures we are prepared to meet that need not just for today, but for generations to come.”

The new 90,000 sq. ft. Ambulatory Services Building will encompass three floors, including a new entrance and lobby space for Kent’s main entrance. This expansion will allow Kent Hospital

to enhance its services on the Warwick campus. That includes:

- Creating a new OB/GYN practice by combining existing offices
- Expanding the Cardiovascular practice
- Integrating Pulmonary and Thoracic Surgery practices
- Implementing a Multidisciplinary Medical Specialties practice, including Dermatology, Neurology, and Endocrinology

By relocating these services, space will be freed up in the existing ambulatory building to accommodate a new primary care practice on the Kent campus. In total, 18 new clinicians will be recruited to meet patient demand and facilitate this critical growth.

The project will also expand the Cardiac Catheterization Suite, adding a third cath lab and creating a larger patient recovery area. The Kent Hospital Emergency Department will also be renovated to enlarge and enhance the Triage, Express Care, and behavioral health areas, upgrade and relocate a Computerized Tomography (CT) Suite, and upgrade the Magnetic Resonance Imaging (MRI) Suite.



The Kent Hospital renovation includes a new main entrance and lobby space.

[RENDERINGS COURTESY OF CARE NEW ENGLAND]

During construction, Kent will remain fully operational, with careful planning in place to minimize disruption to patients and visitors. The project is anticipated to be completed in March 2028. ❖

CNE introduces Butler Behavioral Health to reflect scope of care

PROVIDENCE — Care New England has introduced a new name for care at Butler Hospital that reflects a broader, more inclusive approach to behavioral health, extending well beyond traditional inpatient mental health services: Butler Behavioral Health (BBH). BBH reflects the full range of behavioral and cognitive health services available at Butler Hospital: innovative and compassionate care for individuals and families, with a focus on treating the whole person, as well as a wide range of programs designed to support mental wellness, memory care, and advanced therapeutic options.

“This new name, Butler Behavioral Health, communicates the comprehensive services that Butler has always provided,” said **MARY MARRAN**, President and COO, Butler Hospital,

Chief Administrative Officer, Care New England. “This change helps clarify our mission and ensures patients and families understand the full spectrum of care available to them, both inpatient and outpatient.”

Key benefits of Butler Behavioral Health include improved access, standardized delivery across programs, more effective use of acute and higher levels of care, a seamless patient experience, and an enhanced ability to meet evolving consumer needs and expectations.

Butler Hospital remains the cornerstone of this expanded model. Butler is the only private, nonprofit psychiatric and substance abuse hospital serving adults, seniors, and adolescents in Rhode Island and Southeastern Massachusetts. ❖

Butler receives \$1M donation to support BRaIN Program

PROVIDENCE — Butler Hospital recently announced an anonymous \$1 million gift from a grateful patient to support its Brain Research and Interventional Neurotherapeutics (BRaIN) Program. This generous investment will help advance the hospital's ability to develop and deliver innovative treatments for individuals living with treatment-resistant psychiatric illness.

The BRaIN Program focuses on pioneering interventional neurotherapeutics, including advanced neuromodulation techniques such as transcranial magnetic stimulation, intranasal esketamine therapy, PRISM neurofeedback, and other emerging brain-stimulation therapies designed to treat patients facing some of the most difficult and often debilitating mental health disorders. This transformational investment is expected to accelerate cutting-edge research, strengthen clinical care, and support the

development of innovative treatments for individuals who have not responded to traditional therapies like medication and psychotherapy.

"This level of philanthropic investment gives us the flexibility to innovate and the momentum to move promising therapies forward more quickly," said Chief of the Mood Disorders Program and Medical Director of the BRaIN Program **LINDA CARPENTER, MD**. "This gift empowers our team to explore bold ideas, expand access to advanced interventions, and improve outcomes for patients who often have very few remaining treatment options."

Butler Hospital President and COO **MARY MARRAN, MS OT, MBA**, said the gift reflects the growing recognition of the importance of advancing brain health through innovation.

"We are incredibly grateful for this generous support of the BRaIN Program,"

Marran said. "Breakthroughs in psychiatric care often begin with bold ideas and the resources to explore them. This gift will help our clinicians and researchers continue developing the next generation of treatments for patients in need of advanced mental health care."

"Philanthropy from grateful patients is one of the most powerful reflections of the care our team provides every day," said Senior Vice President and Chief Philanthropy Officer **JEFFREY CABRAL**, at Care New England. "We are deeply grateful for this extraordinary commitment to Butler Hospital and its BRaIN Program. This gift, the second seven-figure contribution Butler Hospital has received this year from a grateful patient, will help our clinicians and researchers to pursue promising ideas and bring new hope to patients and families facing difficult-to-treat psychiatric illness." ❖

Newport Hospital's Noreen Stonor Drexel Birthing Center to remain open, but requires \$4.9M in annual state, philanthropic investment

NEWPORT — Newport Hospital recently announced that the Noreen Stonor Drexel Birthing Center will remain open following a thorough review, completion of an independent assessment and strong community involvement. Supporting this service into the future will require an additional \$4.9M in sustained and new annual revenues that would need to come from increased state funding and philanthropic support. The hospital identified the resources needed to sustain a quality birthing center and will immediately launch an aggressive effort to secure additional funding.

"Throughout this process, we have remained committed to transparency and to listening closely to our community," said **TENNY THOMAS, MD**, president of Newport Hospital. "To ensure we received broad input, we convened a Community Advisory Panel (CAP), and I am deeply grateful to its members for their time, guidance, advocacy, and partnership. I am pleased that the Newport Hospital CAP members apprised of this news are supportive of remaining open while Brown University Health seeks additional state and philanthropic funding."

Newport Hospital engaged consultants Kaufman Hall to conduct a comprehensive review, evaluating perinatal quality and safety against national Level I standards, as well as the program's long-term sustainability.

The review found that the Birthing Center delivers safe, quality care supported by strong clinical commitment and 24/7 obstetric, pediatric, and anesthesia coverage. It also identified areas requiring focused attention and investment, including workforce sustainability, readiness for high-acuity, low-frequency events, and ongoing operational reliability in a low-volume setting. Based on these findings, hospital leadership has established a clear path forward to strengthen and sustain the program.

"The independent review affirmed the quality and safety of care delivered by our clinical teams and outlined the additional investments needed to ensure the program remains strong and financially sustainable," said Dr. Thomas. "State and philanthropic investments are essential to improving care across Rhode Island and maintaining quality local services, such as the birthing center. The call to action is that we need the support and advocacy of our community and policymakers to secure these resources so we can continue providing essential care close to home. This is about protecting access to care for families across our region. With continued partnership and support, we are confident in our ability to sustain this vital service for years to come." ❖

AMA: Physician burnout rates are falling, specialty gaps remain

New report shows uneven progress across medical specialties, highlighting need for targeted solutions

CHICAGO — New data from the American Medical Association (AMA) show physician burnout continuing to decline nationwide, but significant differences across medical specialties underscore the need for more targeted solutions within health systems.

In 2025, 41.9% of physicians reported experiencing at least one symptom of burnout—down from 43.2% in 2024 and 48.2% in 2023—reflecting steady progress in physician well-being also found in peer-reviewed research. However, AMA-exclusive data reveal that the burden of burnout is not shared equally by physicians across medicine.

“2025 marked another year of progress in reducing overall physician burnout levels,” said AMA President **BOBBY MUKKAMALA, MD**. “This reflects broad gains in engagement, well-being, and perceived support across organizations. However, burnout varies widely by medical specialty, driven by differences in workload, administrative burden, clinical environment, staffing support, and the day-to-day realities of practice. Building effective, lasting solutions requires better understanding where physicians are struggling and why.”

According to AMA data, the highest burnout rates were reported in emergency medicine (49.8%), urological surgery (49.5%), hematology/oncology (49.3%), obstetrics and gynecology (45.7%),

radiology (45.2%), family medicine (45%), general surgery (43.8%), cardiology (43.5%) and gastroenterology (43.5%). In contrast, infectious diseases (23.3%), nephrology (29.3%), dermatology (31.5%), psychiatry (31.6%), and anesthesiology (39.2%) reported the lowest levels.

The findings are based on nearly 19,000 physician responses across 38 states and 106 health systems participating in the AMA Organizational Biopsy® and reported in the 2025 edition of the AMA national physician comparison report. The aggregated data available in the report provides a national snapshot of physician well-being by benchmarking five key indicators: burnout, job stress, job satisfaction, intent to leave an organization, and feeling valued by an organization.

While four of the five indicators improved significantly from 2024 to 2025, variation by specialty remains pronounced. Hospital-based specialties, including emergency medicine, radiology and anesthesiology, performed worse than the overall benchmark on three of five measures, suggesting persistent operational and workflow challenges.

Physicians reported feeling valued by their organization (great or moderate extent) at 56.2% representing an increase of 1.7% from 2024. There continues to be variation on physician feeling valued by gender (female respondents at 53.3% and male respondents at 59.6%), by years in

practice (physicians 1–5 years in practice reporting at 57.9% and physicians post 20 years at 59.4%) and by specialty.

Overall job satisfaction was stable across specialty groupings with the highest satisfaction reported by psychiatry (83%) and obstetrics and gynecology (81.2%), while hospital-based specialties reported the lowest satisfaction (74.8%).

“These data make clear that improving physician well-being isn’t one-size-fits-all; it requires targeted, specialty-specific strategies,” said Dr. Mukkamala. “By reducing administrative burden and advancing evidence-based solutions, we can help physicians rediscover the joy in medicine while building more sustainable practice environments. The AMA urges health system leaders to use these insights to benchmark performance and accelerate efforts to address the unique drivers of burnout across specialties.”

The AMA can help health systems tailor solutions to the unique drivers of burnout across specialties and maximize support for care teams with cutting-edge tools, information and resources. Through its Well-being Toolkit, health systems can learn how organizations are partnering with the AMA, explore proven strategies to reduce burnout and enhance physician well-being, and calculate the cost of physician burnout to their organization. ❖

AMA research details toll of broken medical liability system

CHICAGO — New research studies from the American Medical Association (AMA) reveal that many physicians face a significant risk of being sued during their careers. The ever-present risk of lawsuits—even when no error occurred—and high medical liability insurance premiums have contributed to a prolonged period of heavy financial burden on doctors, fueling escalating expenses throughout the health care system.

Physicians know the practice of medicine carries risk, and even highly skilled doctors face lawsuits,” said AMA President **BOBBY MUKKAMALA, MD**. “But a claim does not mean a mistake was made. Most cases never find fault with the physician, and the majority are dropped or dismissed before trial. Doctors continue to take on complex, high-risk care because

patients depend on it. However, the ongoing liability risk not only challenges physicians but it increases practice expenses, reinforces defensive medical practices, and drives up health care costs for patients and families.”

In the first of two research reports, the AMA studied medical liability claim frequency among patient care physicians in the U.S. between 2016 and 2024. The findings show the risk of being sued increases with years in practice, and medical specialty and gender are also prominent factors. Key findings from the research include:

- Physicians with more years of practice have more exposure to risk. Nearly half (45.2 percent) of physicians aged 55 and

over had been sued, compared to 11 percent of physicians under the age of 45.

- Surgical specialties carry the highest risk. Nearly three in five (59.6 percent) obstetricians & gynecologists and about half (53.1 percent) of general surgeons have been sued at least once in their career.
- Among obstetricians & gynecologists and general surgeons aged 55 and over, nearly three out of four have been sued at least once in their careers.
- Claim frequency against physicians has fallen over time. Less than a third of physicians (28.7 percent) had been sued during their careers in 2024, down from a share of 34 percent in 2016.

Given the high costs and strain caused by a highly litigious climate and the drag it places on the nation's health care system, the AMA continues to work with state and specialty

medical societies and other stakeholders to advance medical liability reforms. These efforts aim to fix the costly problems in the medical liability system while ensuring that injured patients are fairly compensated. The AMA wants reforms to rein in the broken medical liability system, reduce the growth of health care costs, and preserve patients' access to high-quality care. For information on AMA solutions to reshape the current medical liability system to better serve both patients and physicians, please read [Medical Liability Reform – Now!](#)

The new reports are the latest additions to the AMA's Policy Research Perspective series that support AMA federal, state and private sector advocacy agendas. For additional information from the new reports, go to the AMA website.

Note: The AMA will host a [webinar](#) on May 20 examining current legislative trends, research and advocacy efforts centered on medical liability reform. For details including registration information, please visit the [AMA website](#).

AMA urges Congress to strengthen safeguards for AI chatbots

WASHINGTON, DC — The American Medical Association (AMA) urged federal lawmakers to put stronger safeguards in place as the use of augmented intelligence (AI) chatbots in mental health care continues to grow. The AMA emphasized both the promise and risks of these rapidly expanding technologies.

In letters to the co-chairs of the Congressional Artificial Intelligence Caucus, the Congressional Digital Health Caucus, and the Senate Artificial Intelligence Caucus, the AMA recognized Congress for advancing conversations about AI's role in society and mental health. At the same time, the AMA warned that the rapid rise of mental health chatbots—along with reports of risks such as encouraging self-harm and privacy breaches—highlights the urgent need for clear guardrails to protect patients and maintain public trust.

"AI-enabled tools may help expand access to mental health resources and support innovation in health care delivery, but they lack consistent safeguards against serious risks, including emotional dependency, misinformation, and inadequate crisis response," according to AMA CEO **JOHN WHYTE, MD, MPH**. "With thoughtful oversight and accountability, policymakers can support innovation and ensure technologies prioritize patient

safety, strengthen public trust, and responsibly complement—not replace—clinical care."

While AI technologies present meaningful opportunities to improve access to care and support innovation in health care delivery, recent congressional hearings made clear that immediate attention is required to ensure these tools do not inadvertently harm individuals seeking mental health support.

To address these concerns, the AMA urged Congress to require stronger safeguards—recognizing they are a starting point, not a limit, and that modernized protections may be needed as these tools evolve. The safeguards outlined in the AMA letter include:

Enhance Transparency: Require chatbots to clearly and meaningfully disclose that users are interacting with AI, not a human being, and prohibit systems from presenting themselves as licensed clinicians. Congress should also empower federal regulators to enforce transparency standards and penalize deceptive practices.

Establish Clear Regulatory Boundaries: Prohibit chatbots from diagnosing or treating mental health conditions without appropriate regulatory review. Congress should direct agencies to create a modern, risk-based oversight framework and clarify when AI tools qualify as

medical devices. Developers should also be required to implement crisis-detection systems that identify self-harm risk and provide immediate referrals to appropriate resources, along with appropriate de-escalation language to help mitigate potential harms.

Strengthen Oversight and Accountability: Mandate ongoing safety monitoring, reporting of adverse events, and rigorous standards for tools used by children and adolescents, who may face heightened risks.

Limit Commercial Influence: Discourage or prohibit advertising within mental health chatbots, particularly for minors, and ensure that outputs remain free from sponsorship bias or commercial influence.

Protect Privacy and Security: Require strict data protection standards, including limits on data collection and retention, clear user consent for data use, and safeguards against unauthorized access or sharing of sensitive information.

The AMA emphasized that meaningful safeguards are essential to ensure AI tools complement—not replace—clinical care while safeguarding patients from harm. The organization reaffirmed its commitment to working with Congress to advance policies that promote innovation while prioritizing patient safety, clinical integrity, and public trust. ❖

RIDOH announces second measles case

PROVIDENCE — The Rhode Island Department of Health (RIDOH) announced a confirmed case of measles has been identified in Rhode Island, the second in 2026.

This individual is a female in her 20s who had traveled from outside the country to visit family in Rhode Island. This person was treated at Brown University Health Urgent Care in Middletown on April 24 and tested positive for measles at the Rhode Island State Health Laboratories. This person did not require hospitalization.

Measles is almost entirely preventable through vaccination. Approximately 97% of Rhode Island kindergartners have completed the Measles, Mumps, and Rubella (MMR) vaccine series, which protects against measles, mumps, and rubella. MMR vaccine is safe and effective.

“The chance of significant spread of measles in Rhode Island is very low because we have such a high MMR vaccination rate,” said Director of Health **JERRY LARKIN, MD**. “But that degree of community protection depends on everyone who is eligible getting vaccinated. Any parent or guardian who has a child older than one year who has not been vaccinated against measles should talk to their child’s healthcare professional.

For any family with insurance issues or trouble accessing care, RIDOH can make vaccine available at no cost.”

A healthcare professional may offer a preliminary diagnosis of measles for patients with fever, rash, and other measles symptoms. RIDOH’s State Health Laboratories will confirm if the rash is caused by measles by testing nose swabs and looking for measles antibodies in blood. If you or your child has recently travelled internationally or to a place with an active measles outbreak and develop a rash along with the symptoms listed above, please contact your healthcare professional.

There is no specific antiviral therapy for measles. Supportive therapy includes fever reducing medications, fluids, and treatment of bacterial superinfections, such as bacterial pneumonia and ear infections. Treatment of other complications, such as seizures and respiratory failure, may also be necessary. There is a role for vitamin A in certain settings, and vitamin A supplementation may be beneficial for reducing measles severity and risk of complications.

For more information on measles, visit <https://health.ri.gov/measles>. ❖

RIDOH highlights encouraging STI data trends and promising prevention efforts

PROVIDENCE — In observance of National STI Awareness Week (April 12–19), the Rhode Island Department of Health (RIDOH) highlighted some encouraging trends in reducing the burden of sexually transmitted infections in Rhode Island. RIDOH is also promoting some of the innovative STI prevention strategies that have been implemented to reverse the increases in STI rates seen over the last decade.

In March, RIDOH released its 2024 HIV, Sexually Transmitted Infections, Viral Hepatitis, and Tuberculosis Surveillance Report. After several years of substantial increases in reports of cases of chlamydia, gonorrhea, and infectious syphilis, trends in Rhode Island are beginning to stabilize. Case counts declined in 2024 compared to 2023, and preliminary 2025 data suggest further decreases.

Over the past decade, reported chlamydia cases increased by 2.3%, from 4,575 cases in 2015 to 4,681 cases in 2024. Annual case counts peaked in 2019, with 5,717 cases reported, representing the highest burden in the past 10 years. Since that peak, reported cases have steadily

declined. Notably, 2024 recorded the lowest number of chlamydia cases since 2015. But while there has been an overall drop in STIs, the burden of STIs is uneven among Rhode Island’s at-risk populations.

New STI diagnosis rates in Rhode Island remain consistently high among adolescents, age 15–24. In 2024, RIDOH partnered with the Rhode Island Healthy Schools Coalition to launch the Right to Know web app (righttoknowapp.com), which provides adolescents and young adults with accurate information about sexual and reproductive health, as well as places across Rhode Island to access resources like care and condoms. In 2025, a new section was added with information and resources for parents to help talk to their teens about sexual health.

“As this report details, these conditions disproportionately affect some populations in Rhode Island,” said Director of Health **JERRY LARKIN, MD**. “RIDOH maintains a strong program to track these trends and tailor prevention and control efforts. While there is much more work to be done, we’re very pleased to see data in our most recent report indicating that

Rhode Island’s innovative prevention efforts may be helping to reverse troubling STI trends.”

Rhode Island saw an uptick of new HIV diagnoses in 2024. RIDOH noted this increase in real time and worked to enhance and expand prevention efforts. Rhode Island did not continue to see an increase in cases in 2025. Rhode Island’s counts of newly diagnosed HIV cases in 2025 were below the State’s 10-year average of 70 cases per year.

To help prevent ongoing HIV transmission, RIDOH launched the Rhode Island PrEP Champions Network in late 2024, creating a network of clinics that prescribe pre-exposure prophylaxis (PrEP) medication for HIV prevention, as well as Doxy PEP, an STI prevention strategy that involves taking the antibiotic doxycycline after a risky sexual encounter to prevent bacterial STIs. There are now PrEP Champions clinics in every region of Rhode Island. Learn more about PrEP and the Rhode Island PrEP Champions Network at health.ri.gov/prep.

RIDOH has launched several other prevention and testing initiatives in recent

years that may be helping to reverse increases in STIs seen in previous years:

- RIDOH has created the TESTING 1-2-3 program to help Rhode Islanders get tested for HIV and other sexually transmitted infections (STIs) without a trip to a doctor's office. Learn more at testing123ri.com.
- RIDOH's "Your Health, Your Choice: Know Your Options," and "Your Guide to Safer Sex" web page at health.ri.gov/youroptions highlights

the many options Rhode Islanders can consider to help prevent HIV and other STIs. This includes guidance on safer sex, and information on a variety of HIV and STI testing services.

- In 2025, RIDOH partnered with Dorcas International to develop a series of "What to Know About Health" fact sheets in English, Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, and Khmer on HIV, STIs, tuberculosis, oral health, and vaccines.

Note: The lag between 2024 and early 2026 data is typical when assessing trends in this field. The data included in RIDOH's 2024 HIV, Sexually Transmitted Infections, Viral Hepatitis, and Tuberculosis Surveillance Report represent the most accurate, comprehensive, up-to-date snapshot we have of HIV, STIs, viral hepatitis, and TB in Rhode Island. ❖