VA

MEDICATION
INFORMATION

- ☑ One-time dose of doxycycline 200mg orally; no more than 200mg every 24 hours
- ☑ Dose should be taken ideally within 24 hours but no later than 72 hours after condomless oral, vaginal or anal sex
- ☑ Contraindicated in pregnancy, potential pregnancy, or hypersensitivity or allergy to tetracyclines
- ☑ Common adverse effects are: photosensitivity and GI upset, esophagitis or ulceration
- ☑ Take with a full glass of water and with food if experiencing stomach upset; avoid laying down for 1 hour after administration to limit esophagitis
- ☑ Avoid co-administration with dairy products, antacids, supplements containing calcium, magnesium, iron or sodium bicarbonate. If these are used, separate by 2 hours before or 4 hours after doxycycline

SCAN QR CODE FOR ADDITIONAL INFORMATION

Doxycycline

Post-Exposure Prophylaxis (DoxyPEP) for STI Prevention

DoxyPEP: taking doxycycline 200mg within 24-72 hours after condomless sex (oral, vaginal or anal sex) reduces syphilis, chlamydia, and gonorrhea infections among at-risk populations

Evidence Summary

- Doxycycline 200mg taken within 24 hours but no later than 72 hours after condomless sex reduced syphilis and chlamydia infections by >**70%** and gonococcal infections by almost **50%.**[1] Effectiveness against gonorrhea may vary based on local resistance patterns.
- DoxyPEP for 12 months averted 42% of new gonorrhea, chlamydia, and syphilis infections among at-risk patients after a prior bacterial sexually transmitted infection (STI), with a number needed to treat of 2.2.[3]

Who should take this?

- CDC recommends offering DoxyPEP to at-risk populations who had a bacterial STI diagnosed in the past 12 months
- See **https://www.cdc.gov/sti/hcp/doxy-pep/index.html** for more information on Veteran populations who may benefit from DoxyPEP
- Use outside of the CDC-recommended populations (i.e., assigned female at birth or heterosexual men) should be discussed on a case-by-case basis using shared decision-making

How is this provided?

- DoxyPEP is an effective STI prevention strategy; consider providing 15 doses (30 tablets) or more to cover anticipated exposures until follow-up

Clinical Considerations

- Offer as a part of comprehensive sexual health care including risk reduction, STI screening and treatment, consideration for HIV PrEP, linkage to HIV care, administration of recommended vaccinations (e.g. HPV, hepatitis A, hepatitis B, and Mpox), and provision of condoms
- Ongoing need for DoxyPEP should be reassessed at regularly scheduled follow-up appointments (e.g. every 3-6 months)
- Conduct STI testing for chlamydia and gonorrhea at anatomic sites of exposure and syphilis at baseline and every 3 to 6 months thereafter. Sooner STI screenings may be needed for a new infection
- Perform HIV screening every 3 months
- DoxyPEP will not protect against HIV, Mpox, or other viral infections such as herpes (HSV)
- Further studies are underway to understand how DoxyPEP impacts bacterial STI rates, microbiome, and potential development of antimicrobial resistance

For more information on indicated populations for treatment see[1,2]

www.cdc.gov/sti/hcp/doxy-pep/index.html