



# Health Update:

## Updated Recommendations for Prescribing Doxycycline Post-Exposure Prophylaxis (Doxy-PEP)

September 12, 2024

*Update to the prior health update dated October 20, 2022*

On June 6, 2024, the CDC published its first [doxy-PEP clinical guidelines](#). The San Francisco Department of Public Health (SFDPH) celebrates the publication of these new national-level guidelines.

This health update summarizes developments in the field of doxy-PEP and their effect on SFDPH's recommendations for clinical providers.

### **Situational Update**

On October 20, 2022, San Francisco Department of Health (SFDPH) released a [health update](#) presenting the nation's first doxy-PEP guidance from a public agency. The impetus for that guidance was the finding that doxy-PEP significantly reduced acquisition of bacterial sexually transmitted infections (STIs) in men who have sex with men (MSM) and trans women who were living with HIV or taking HIV PrEP and who were enrolled in the [DoxyPEP Study](#).

Since then, many important developments have taken place in the field of doxy-PEP:

- The DoxyPEP Study data were published in the [New England Journal of Medicine](#).
- Several state and local [jurisdictions throughout the US](#) published their own doxy-PEP guidelines.
- San Francisco rolled out doxy-PEP in the community by offering it to the populations identified in the October 20, 2022 [health update](#). This rollout included the integration of doxy-PEP into routine PrEP care and HIV care at clinics that were already providing those services, including City Clinic, SFDPH's sexual health clinic. Uptake has been high, with [3,779 cumulative doxy-PEP initiations](#) reported across three sentinel clinics in the city between October 2022 to December 2023.
- Since the rollout of doxy-PEP, The [ANRS 174 DOXYVAC study](#) and data from a [population study](#) and clinical sites ([SF AIDS Foundation](#) and [City Clinic](#)) in San Francisco have shown that doxy-PEP's effectiveness against chlamydia and syphilis



remains strong, and that chlamydia and syphilis cases in San Francisco have declined population-wide since the launch of doxy-PEP.

- However, these analyses also show that doxy-PEP may be less effective against gonorrhea than was demonstrated in the [DoxyPEP Study](#).

### **Summary of changes to SFDPH guidance since the October 20, 2022 SFDPH health update:**

- SFDPH is now providing doxy-PEP guidance via an updated [Doxy-PEP prescribing guide](#).
- SFDPH has incorporated the new CDC [doxy-PEP clinical guidelines](#) into the [Doxy-PEP prescribing guide](#), while also maintaining some locally-specific guidelines, including:
  - The recommendation to introduce doxy-PEP to patients who may benefit
  - Updated eligibility criteria to provide better visibility and specificity to prescribing doxy-PEP for trans and other gender-diverse patients
  - Updated counseling messages regarding:
    - Patients who could become pregnant
    - STI protection for people having receptive vaginal/front-hole sex
    - Lower real-world effectiveness of doxy-PEP against gonorrhea

### **Actions requested of SF Clinicians:**

- **Introduce doxy-PEP to patients who may benefit.** Do not wait for patients to learn of doxy-PEP elsewhere. This approach promotes racial equity in sexual health by ensuring all patients who may benefit from doxy-PEP know about it.
- **Use the following eligibility criteria for doxy-PEP:**
  - a. **Recommend doxy-PEP** to cis men, trans women, and other gender-diverse people who were assigned male sex at birth, who in the past year:
    - i. had a bacterial STI, and
    - ii. had condomless anal or oral sex with  $\geq 1$  partner who was assigned male sex at birth.
  - b. **Offer doxy-PEP using shared decision-making** to cis men, trans women, trans men, and other gender diverse patients (of any sex assigned at birth) who in the past year:
    - i. had condomless anal or oral sex with  $\geq 2$  partners assigned male sex at birth, regardless of STI history.



c. **More data is needed on the efficacy of doxy-PEP for vaginal/front-hole protection.**

The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.

When prescribing doxy-PEP to patients who have receptive vaginal/front-hole sex, providers should counsel patients about the lack of efficacy data, recommend against doxy-PEP use during pregnancy, and reinforce the importance of adherence.

- Review our updated [Doxy-PEP prescribing guide for San Francisco providers](#), which includes updated counseling messages.

**Additional resources:**

- [SFDPH Doxy-PEP prescribing guide for San Francisco providers](#)
- [SFDPH “About Doxy-PEP” patient handout](#)
- [CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024](#)
- [SF City Clinic Provider Guidelines](#)
- [CDC 2021 STI Treatment Guidelines](#)
- [Doxy as STI PEP Command Center \(National Coalition of STD Directors\)](#)
- [Doxycycline Use by Pregnant and Lactating Women \(FDA\)](#)

**Contact information**

Alyson Decker, NP  
Manager, STI/HIV Training and Technical Assistance  
Tel: 628-217-7663  
Email: [alyson.decker@sfdph.org](mailto:alyson.decker@sfdph.org)

To view or sign up for SFDPH Health Alerts, Advisories, and Updates visit: [sf.gov/healthalerts](https://sf.gov/healthalerts)