

To: Vermont Health Care Providers and Facilities
Date: June 19, 2024
From: Mark A. Levine, MD, Commissioner of Health

Recommendations for Use of Doxycycline as Postexposure Prophylaxis for Bacterial Sexually Transmitted Infections Prevention

Background

In 2022, more than 2.5 million cases of syphilis, gonorrhea, and chlamydia were reported in the United States. Over the past five years, there has been a 79% increase in syphilis, an 11% increase in gonorrhea, and a 6% decrease in chlamydia. Trends for sexually transmitted infection (STI) data collected during the pandemic should be interpreted cautiously due to disruptions in STI-related prevention and care activities.

The Centers for Disease Control and Prevention (CDC) recently published [recommendations](#) for an ongoing, patient-managed STI prevention strategy using doxycycline postexposure prophylaxis (doxy PEP). Doxy PEP provides the patient a prescription allowing them to have doxycycline for self-administration as soon as possible after sex to prevent syphilis, chlamydia, and gonorrhea. The CDC recommendations are based in part on results of three randomized controlled clinical trials of doxy PEP among men who have sex with men (MSM) and transgender women (TGW). The most potent reductions occurred against chlamydia and syphilis. Data does not currently support prescribing doxy PEP to certain populations including cisgender women, transgender men, and gender-diverse patients assigned female sex at birth.

Requested Actions

1. **Review** [MMWR Clinical Guidance for Doxycycline Postexposure Prophylaxis](#).
2. **Counsel and engage in shared decision making** with sexually active gay, bisexual, and other men who have sex with men (MSM) and transgender women (TGW) who have experienced at least one bacterial STI in the past 12 months about doxy PEP.
3. **If doxy PEP is prescribed:**
 - Write the prescription for self-administration of the recommended dose of 200 mg of doxycycline (any formulation) to be taken as soon as possible within 72 hours after having oral, vaginal, or anal sex with a maximum dose of 200 mg every 24 hours.
 - The prescription should account for enough doses based on the person's anticipated sexual activity until their next visit.

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- Doxycycline should be taken with fluids and food, and patients should remain upright for at least 30 minutes to reduce risk of pill esophagitis/gastric irritation; counsel on sun sensitivity.
 - Doxycycline should not be taking at the same time as polyvalent cations, such as iron and calcium.
 - Ongoing need for doxy PEP should be assessed every 3–6 months.
 - Laboratory monitoring (CBC, comprehensive metabolic profile) is not routinely required, but may be considered periodically in patients taking doxycycline for a prolonged period.
4. **Offer sexual health testing** including gonorrhea, chlamydia, and syphilis at all anatomic sites involved in sex (throat/pharynx, urogenital, anal) at baseline and routinely every 3-6 months while on doxy PEP.
 5. **Screen people** without HIV infection receiving HIV PrEP according to the [CDC HIV PrEP guidelines](#).
Consider screening people without HIV infection **not** receiving HIV PrEP for HIV infection every 3–6 months.
 6. **Offer or refer** to HIV Pre-Exposure Prophylaxis (HIV PrEP) for individuals without HIV.
 7. **Offer mpox vaccination** to those eligible who have not received two doses.

If you have any questions, please contact Daniel Daltry at: Daniel.Daltry@vermont.gov

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HAN Message Type Definitions

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