

Memorandum

To: Oregon healthcare providers

From: Pete Singson, MD

Date: January 30, 2025

Subject: Doxycycline post-exposure prophylaxis (doxyPEP) for the prevention of bacterial sexually transmitted infections

Dear Colleague,

The Oregon Health Authority (OHA) would like to inform all health care providers of the latest guidelines for the use of doxycycline post-exposure prophylaxis (doxyPEP) for the prevention of bacterial sexually transmitted infections (STIs). In June 2024, the Centers for Disease Control and Prevention (CDC) released [clinical guidelines](#) for the use of doxyPEP based on data demonstrating that 200mg of doxycycline taken within 72 hours of condomless sex reduces the acquisition of syphilis and chlamydia by more than 70% and gonorrhea by approximately 50% among cisgender men who have sex with men (MSM) and transgender women (TGW) who have sex with men.¹

OHA supports CDC's goal of equitable access for persons who would benefit most from doxyPEP while remaining mindful of antibiotic stewardship responsibilities. While there is an ongoing randomized controlled trial in Kenya assessing the safety and efficacy of doxyPEP in cisgender women², at this time there is insufficient evidence for the CDC to recommend doxyPEP for STI prevention in this population. [Pharmacokinetic research](#)³ and STI treatment experience suggest that doxyPEP should be effective for all people who are at risk for STIs, regardless of gender identity and sex assigned at birth. Given increased rates of STIs in cisgender women and rising rates of [congenital syphilis](#), shared decision-making is recommended when offering doxyPEP to cisgender women, transgender men, and nonbinary individuals who may be at heightened risk for STIs via oral, anal, or vaginal/front hole sex. Pregnancy should be ruled out if doxyPEP is offered to persons who are pregnancy capable.

Given the consistent efficacy of doxyPEP across trials, doxyPEP may play an important role in STI prevention, an urgent public health priority in Oregon and nationally. The long-term individual- and population-level effects of doxyPEP on antimicrobial resistance and on the microbiome are largely unknown. OHA recommends that health care providers educate patients about the benefits and risks of doxyPEP as a part of comprehensive sexual health services.

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Recommendations

- 1. Offer doxyPEP to gay, bisexual, other MSM and TGW who have sex with men with a history of at least one bacterial STI (specifically syphilis, chlamydia, or gonorrhea) in the past year.** Discuss the potential benefits and risks of doxyPEP and prescribe using shared decision-making with patients.
- 2. Consider offering doxyPEP to all non-pregnant individuals at increased risk for bacterial STIs and to those requesting doxyPEP,** even if those individuals have not been previously diagnosed with an STI. Providers should use their clinical judgement and shared decision-making to inform use of doxyPEP in populations that are not part of CDC recommendations.
- 3. Provide comprehensive preventative sexual health counseling and education to all sexually active individuals,** which may include routine HIV/STI screening, HIV pre- and post-exposure prophylaxis ([PrEP and PEP](#)), HIV treatment for people living with HIV, contraceptive counseling and condom use, [expedited partner therapy](#) for chlamydia and gonorrhea, recognition and prevention of sexual violence, vaccinations, and overdose prevention and [harm reduction](#) services for people who use drugs.

Key Points When Prescribing

- 1. Prescribe doxycycline 200 mg PO once to be taken as soon as possible within 72 hours after condomless oral, anal, or vaginal/front hole sex to non-pregnant individuals.** Provide enough doses to last until next follow-up visit based on anticipated sexual frequency. Doxycycline can be taken daily but use should not exceed 200 mg every 24 hours.
- 2. Screen for gonorrhea and chlamydia at all anatomic sites of exposure (urogenital, pharyngeal, and rectal) and test for syphilis and HIV** at initiation of doxyPEP and every three to six months thereafter as clinically indicated. If diagnosed with an STI, treat according to standard [CDC STI treatment guidelines](#).
- 3. Counsel patients on standard precautions and warnings while taking doxyPEP,** as outlined in the [package insert](#). The most common side effects are nausea, vomiting, pill esophagitis, and sun sensitivity. Taking with food and remaining upright for 60 minutes after dosing may improve tolerability. Review patient's medication list, including over the counter (OTC) medications, for potential drug interactions. If pregnancy is suspected, stop doxyPEP and test for pregnancy. Consider hematopoietic, renal, and hepatic laboratory monitoring as clinically indicated.

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Additional Resources

In June 2024, CDC released [Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention](#).

Many other jurisdictions, including the [California Department of Public Health](#), the [San Francisco Department of Public Health](#), and [Public Health – Seattle & King County](#) have also released recommendations for the use of doxyPEP. The San Francisco City Clinic has published [patient-facing materials](#) that providers can use when talking to patients about doxyPEP.

In addition, providers can consult the [National STD Clinical Consultation Network](#).

Sincerely,

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References

¹Bachmann LH, Barbee LA, Chan P, et al. CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024. *MMWR Recomm Rep* 2024;73 (No. RR-2):1-8.

²Stewart J, Oware K, Donnell D, et al. dPEP Kenya Study Team. dPEP Kenya Study Team. Doxycycline prophylaxis to prevent sexually transmitted infections in women. *N Engl J Med* 2023;389:2331–40. [PMID:38118022](#)

³RE Haaland, J Fountain, TE Edwards, et al. Pharmacokinetics of single dose doxycycline in the rectum, vagina, and urethra: implications for prevention of bacterial sexually transmitted infections. In: *eBioMedicine*, March 2024 ScienceDirect.

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