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Dear Colleagues,

We want to bring to your attention new guidelines for the use of doxycycline post-exposure prophylaxis (doxy PEP) to prevent bacterial sexually transmitted infections (STIs). The Centers for Disease Control and Prevention (CDC) recently released [clinical guidelines](#) for the use of doxy PEP based on data demonstrating that **200mg of doxycycline taken within 72 hours of unprotected sex reduces syphilis and chlamydia infections by more than 70% and gonococcal infections by approximately 50%.<sup>1</sup>** Important to note these findings were found in men who have sex with men (MSM) and transgender women (TGW). They state that although “doxy PEP should be effective in other populations, clinical data to support doxy PEP in other populations (i.e., cisgender women, cisgender heterosexual men, transgender men, and other queer and nonbinary persons assigned female at birth) are limited.”

A study of cisgender women found no decrease in STIs with the use of doxy PEP, but medication adherence rates in this study were low.<sup>2,3</sup> With the rising rates of STIs in cisgender women, especially congenital syphilis, as well as the [CDC recommendation](#) for doxycycline post-exposure prophylaxis in cisgender women after sexual assault, shared decision-making is recommended for cisgender women and any population that would be at heightened risk for STIs but are neither MSM nor TGW.

Given the high rates of STIs in Illinois and the particular concern about the 211% rise in congenital syphilis cases from 2018 - 2022, **IDPH recommends the following:**

1. **Recommend doxy PEP** to MSM or TGW who have had  $\geq 1$  bacterial STI in the past 12 months. Doxy PEP can be used by people taking HIV PrEP.
2. **Offer doxy PEP using shared decision-making** to *all* non-pregnant individuals at increased risk for bacterial STIs and to those requesting doxy PEP, even if these individuals have not been previously diagnosed with an STI or have not disclosed their risk status.
3. **Provide comprehensive preventative sexual health counseling and education** to all sexually active individuals to include HIV/STI screening, doxy PEP, HIV pre-exposure prophylaxis/HIV post-exposure prophylaxis, vaccinations (e.g., Hepatitis A/B, Human Papilloma Virus, Mpox, Meningococcal) [Expedited Partner Therapy](#), and contraception where warranted.

### Prescribing doxy PEP

1. **Prescribe 200 mg of doxycycline taken within 72 hours** (ideally within 24 hours or as soon as possible) after condomless oral, anal, or vaginal sex. Doxycycline can be taken daily depending on sexual activity, but no more than 200 mg every 24 hours. Doxy PEP is covered by 340B pricing, if available.
2. **Screen for GC and CT at all anatomic sites of exposure** (urogenital, pharyngeal, and rectal), as well as test for **syphilis and HIV at initiation of doxy PEP and every three months**. If diagnosed with an STI, treat according to standard [CDC STI treatment guidelines](#).
3. Rule out and counsel persons who can become pregnant, as doxycycline should not be taken during pregnancy.

4. Consider hematopoietic, renal, and hepatic laboratory monitoring as clinically indicated in addition to counseling patients on standard precautions and warnings while taking doxy PEP, as outlined in the [drug package insert](#) (e.g., sun sensitivity, pill esophagitis, and rarely intracranial hypertension).
5. If a patient taking doxy PEP tests positive for an STI, they should be treated using the [standard guidelines](#).

We sincerely appreciate your hard work as we reverse the rising rates and prevent STIs in Illinois.

Sincerely,

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[IDPH Link for clinical questions](#)

#### References

1. Luetkemeyer et al. [Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections](#). N Engl J Med. 2023;388(14):1296-1306. doi:10.1056/NEJMoa2211934
2. Stewart, Jenell, et al. "[Doxycycline Prophylaxis to Prevent Sexually Transmitted Infections in Women](#)." N Engl J Med. 2023;389(25):2331–40, <https://doi.org/10.1056/NEJMoa2304007>.
3. Marrazzo, J. [Doxycycline Postexposure Prophylaxis for STIs in Women – Uncertain Benefit, Urgent Need](#). N Engl J Med 2023;389:2389-2390. DOI: 10.1056/NEJMe2311948.

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