Recommendations for the Use of Doxycycline for Post-Exposure Prophylaxis (Doxy PEP) to Prevent Certain Bacterial STIs

The New Orleans Department of Health & Human Services, August 2026

Adapted from guidance issued by the Centers for Disease Control (CDC)

Purpose:

Incidence of bacterial STIs, including chlamydia, gonorrhea, and syphilis, continues to increase in both Louisiana and throughout the United States. Evidence suggests that a single 200mg dose of doxycycline within 72 hours after condomless anal, oral, or vaginal sex as post-exposure prophylaxis (doxy PEP) can reduce the risk of transmission of chlamydia, gonorrhea, and syphilis among men who have sex with men (MSM) and transgender women (TGW). In multiple randomized control trials, this dosage of doxycycline taken within 72 hours of sex has been shown to reduce both syphilis and chlamydia by 70% and gonorrhea by 50%.[1]

The New Orleans Department of Health & Human Services are issuing the following recommendations to providers:

- Inform men who have sex with men (MSM) and transgender women (TGW) who have had ≥1 bacterial STI in the past 12 months about doxy PEP, including the efficacy, potential benefits and risks, and alternative options to prevent, diagnose, and treat STIs.

- Doxy PEP should be considered for all MSM and TGW who have had ≥1 bacterial STI in the past 12 months. Randomized control trial showed significant reductions in STIs among MSM and TGW using doxy PEP.[2]
- Doxy PEP should be offered through a shared decision-making process to all non-pregnant individuals (e.g., cisgender women/men, transgender women/men, and non-binary persons) 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

[1]CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024 https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm?s_cid=rr7302a1_w

[2] Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. Anne F. Luetkemeyer, M.D., Deborah Donnell, Ph.D., Julia C. Dombrowski, M.D., M.P.H., Stephanie Cohen, M.D., M.P.H., Cole Grabow, M.P.H., Clare E. Brown, Ph.D., Cheryl Malinski, B.S., +10 , for the DoxyPEP Study Team. April 5, 2023N Engl J Med 2023;388:1296-1306 DOI: 10.1056/NEJMoa2211934 VOL. 388 NO. 14 https://www.nejm.org/doi/full/10.1056/NEJMoa2211934

disclosed their risk status. For these populations outside the scope of available evidence, prescribing doxy PEP should be guided by expert opinion.[3] [4] [5]

- Providers are encouraged to discuss doxy PEP with all patients living with HIV as part of routine sexual health and STI prevention counseling. Given that approximately 30–50% of annual new STI diagnoses in Louisiana occur among people living with HIV, doxy PEP could offer additional support to patients disproportionately affected by STIs.
- Provide doxy-PEP in the context of comprehensive sexual health care and offer, as indicated: HIV/STI testing and treatment, HIV PrEP, condoms, contraception, vaccines, and other services.
- Counseling should include potential benefits (including which sexually transmitted infections it prevents and does not prevent), known and unknown harms, potential side effects, and the need to take doxycycline exactly as prescribed.
- Use of doxy PEP could increase antibiotic resistance at individual and population levels, including potential resistance in *Neisseria gonorrhoeae*, *Staphylococcus aureus*/other staph, *Mycoplasma genitalium*, and some respiratory pathogens. Emerging research suggests that doxy PEP may be less effective for preventing gonorrhea than other bacterial STIs, and may not protect against some strains due to increasing antibiotic resistance.[6] There is no or low known risk of increased resistance for the organisms that cause chlamydia and syphilis.

Evidence:

- Doxy PEP study (San Francisco & Seattle; MSM/TGW on HIV PrEP or were living with HIV): Among participants on PrEP, doxy-PEP reduced the risk of chlamydia by 88%, syphilis by 87%, and gonorrhea by 55%; among people living with HIV, reductions were 74% (chlamydia), 77% (syphilis; not statistically significant), and 57% (gonorrhea).[7]

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[3] California Department of Public Health Doxy PEP Policy. 2023. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CDPH-Doxy-PEP-Recommendations-for-Prevention-of-STIs.pdf

[4] Doxycycline Prophylaxis to Prevent Sexually Transmitted Infections in Women. Stewart J, Oware K, Donnell D, Violette LR, Odoyo J, Soge OO, Scoville CW, Omollo V, Mogaka FO, Sesay FA, McClelland RS, Spinelli M, Gandhi M, Bukusi EA, Baeten JM; dPEP Kenya Study Team. Doxycycline Prophylaxis to Prevent Sexually Transmitted Infections in Women. N Engl J Med. 2023 Dec 21;389(25):2331-2340. doi: 10.1056/NEJMoa2304007. PMID: 38118022; PMCID: PMC10805625. https://pubmed.ncbi.nlm.nih.gov/38118022/

[5] Pharmacokinetics of single dose doxycycline in the rectum, vagina, and urethra: implications for prevention of bacterial sexually transmitted infections. Haaland RE, Fountain J, Edwards TE, Dinh C, Martin A, Omoyege D, Conway-Washington C, Kelley CF, Heneine W. Pharmacokinetics of single dose doxycycline in the rectum, vagina, and urethra: implications for prevention of bacterial sexually transmitted infections. EBioMedicine. 2024 Mar;101:105037. . Epub 2024 Feb 29. PMID: https://pmc.ncbi.nlm.nih.gov/articles/PMC10910237/

[6] Durability of doxycycline effectiveness against gonorrhoea after implementation of post-exposure prophylaxis in southern California, USA: a retrospective, test-negative, observational study. Yechezkel M, Helekal D, Kapadia B et al.The Lancet Infectious Diseases, 2026; 26, 819-831

[7] Doxycycline to prevent bacterial sexually transmitted infections in the USA: final results from the DoxyPEP multicentre, open-label, randomised controlled trial and open-label extension. Luetkemeyer AF, Donnell D, Cohen SE, Dombrowski JC, Grabow C, Haser G, Brown C, Cannon C, Malinski C, Perkins R, Nasser M, Lopez C, Suchland RJ, Vittinghoff E, Buchbinder SP, Scott H, Charlebois ED, Havlir DV, Soge OO, Celum C. Lancet Infect Dis. 2025 Aug;25(8):873-883. doi: 10.1016/S1473-3099(25)00085-4. Epub 2025 Mar 24. PMID: 40147465. https://pubmed.ncbi.nlm.nih.gov/40147465/

- ANRS DOXYVAC (France; MSM on HIV PrEP): Over 9 months, doxy-PEP reduced the risk of chlamydia by 89%, syphilis by 79%, gonorrhea by 51%, and Mycoplasma genitalium by 45%.[8]

- ANRS IPERGAY substudy (France; MSM on HIV PrEP): Over 10 months, randomization to doxy-PEP was associated with a 47% relative reduction in any new bacterial STI, including 70% for chlamydia and 73% for syphilis.[9]

Prescribing Guidance:

1. **Sexual history:** Take a comprehensive sexual history at every visit to routinely ask the patient about sexual partners, practices, protection against STIs, past history of STIs and pregnancy intentions. This 5 Ps strategy is recommended by the CDC to guide health decisions, screening, and prevention strategies tailored to the individual patient.[10] Doxy PEP should be provided in the context of a comprehensive sexual health visit, and patients should be offered, where warranted, prevention options and strategies, including HIV and STI testing and treatment, HIV pre-exposure prophylaxis (HIV PrEP), HIV post-exposure prophylaxis (HIV PEP), condoms, contraception, expedited partner therapy, vaccines, and other care as indicated.

2. **Counseling & common side effects:** Discuss benefits/risks of doxy PEP. Potential side effects include photosensitivity, pill esophagitis, and gastrointestinal considerations such as gut flora alterations, diarrhea, and gastric upset; rarely, benign intracranial hypertension. Patients should take doxy PEP with fluids and remain upright for 30 minutes after taking the dose.
3. **Dosing:** Prescribe doxycycline 200 mg to be taken within 72 hours (ideally within 24 hours or as soon as possible) after condomless oral, anal, or vaginal sex. Doxycycline may be taken daily depending on sexual activity, but not to exceed 200 mg every 24 hours. Providers should prescribe enough doses of Doxy PEP to last until next visit based on the individual patient assessment. Doxy PEP can be taken as frequently as every day with providers being

[8] Doxycycline Post-Exposure Prophylaxis for Bacterial Sexually Transmitted Infections: The Current Landscape and Future Directions. Allan-Blitz LT, Mayer KH. Curr HIV/AIDS Rep. 2024 Oct 30;22(1):1. doi: 10.1007/s11904-024-00709-w. PMID: 39476167; PMCID: PMC11994091. https://pmc.ncbi.nlm.nih.gov/articles/PMC11994091

[9] Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial. Molina, Jean-MichelPintado, C. et al. The Lancet Infectious Diseases, Volume 18, Issue 3, 308 – 317. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(17)30725-9/fulltext

[10] CDC Guide to Taking a Sexual History. 2024. https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html

able to prescribe up to a one-month prescription at a time. Shared decision making should inform dosing, follow-up visits and STI testing.

4. **Testing schedule:** At initiation and every three months (or sooner if there are concerns), screen for gonorrhea and chlamydia at all sites of exposure (urogenital, pharyngeal, rectal) and test for syphilis and HIV (if status is unknown/negative).

Additional information:

1. Doxycycline has not been studied in pregnancy and is not recommended; for patients who could become pregnant, provide pregnancy prevention counseling and perform regular pregnancy testing while doxy PEP is prescribed.

2. Expert medical opinion and shared decision-making should be used when considering doxy PEP for breastfeeding patients, as limited evidence is available on the effects of doxycycline on infants.[11] [12]

3. Doxy PEP is contraindicated for individuals who have a documented hypersensitivity to doxycycline or any other tetracycline. In cases of hypersensitivity providers should counsel patients on alternative methods to STI prevention, testing, and treatment as needed.

4. Lab monitoring is not routinely indicated, but consider periodic CBC, liver function, and renal function for prolonged use or at the prescriber's discretion.

5. If an STI is diagnosed or there is a known syphilis exposure while using doxy PEP, treat per CDC STI Treatment Guidelines.

[11] Medication Safety in Breastfeeding. JEANNE P. SPENCER, MD, STEPHANIE THOMAS, PharmD, AND RUTH H. TRONDSEN PAWLOWSKI, MD *Am Fam Physician.* 2022;106(6):638-644. https://www.aafp.org/pubs/afp/issues/2022/1200/medication-safety-breastfeeding.html

[12] Drugs and Lactation Data Base. National Library of Medicine. 2024. https://www.ncbi.nlm.nih.gov/books/NBK500561/