

Discussing sexual health is step one		
Set the Stage	I'm going to ask some questions about your sexual health to make sure I give you the care you deserve.	
Partners	Who do you have sex with? How many partners have you had in the past year?	
Practices	When having sex do you have vaginal, anal, and oral sex?	
Protection	What forms of protection do you use? How often do you have unprotected sex?	
Past	What STD's have you had before? How were you treated?	
Pregnancy	Are you okay with getting pregnant if it happens by accident?	
Safety	Do you ever exchange sex for drugs or money?	

STI Prevention Options

- Medications Pre and post exposure prophylaxis
 HIV PrEP and DoxyPEP
- Risk Factor Modification condom use, drug use, perinatal exposures
- Treatment as prevention (U=U)

Bacterial STI Prevention

DoxyPEP is the use of antibiotic medication by people without known STI to protect themselves from chlamydia, syphilis, and gonorrhea DoxyPEP is recommended for all gay, bisexual, and other (MSM) and transgender women with a history of at least one bacterial sexually transmitted infection during the past 12 months

Doxycycline 200 mg is a common tetracycline antibiotic that is well tolerated

Administration:

Take Doxycycline 200 mg within 72 hours of unprotected sexual encounter. Do not take more than 200 mg per day

Study	Population	Summary Result
IPERGAY	232 MSM/TGWSM on HIV PrEP	Risk reduction in Chlamydia and Syphilis. (lack of significance Gonorrhea**)
DoxyPEP	174 MSM/TGWSM PLWH; 327 MSM/TGWSM on HIV PrEP	Risk Reduction Gonorrhea, Chlamydia, Syphilis
ANRS DOXYVAC	502 MSM/TGWSM on HIV PrEP	Risk Reduction gonorrhea, Chlamydia, Syphilis
dPEP	449 Cis-gender Women on HIV PrEP	No statistical significance*

Implementation

- I prescribe 30(100 mg) tablets with 1 refill
 - 30 encounters
- Follow up every 3-6 months for testing/counseling
- Separate doxycycline dose by at least 2 hours from dairy products, antacids, and supplements that contain calcium, iron, magnesium, or sodium bicarbonate

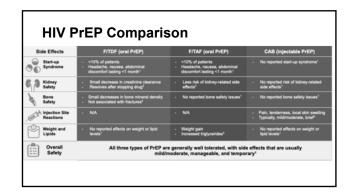
Ongoing Assessment DoxyPEP

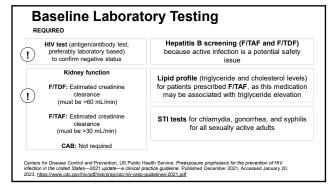
- Every 3 months
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - HÍV
- Assess risk factors, educate, treat any infections
- Every 3-6 months (if not on HIV PrEP)
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - HIV
- Assess risk factors, educate, treat infection
- Assess need for HIV PrEP/ Preventative care

Considerations & Adverse Effects

- Gastrointestinal side effects, Photosensitivity, esophageal sensitivity
- Increased tetracycline resistance genes among participant microbiome
- Unknown effects of doxycycline on primary syphilis/RPR
- No proven efficacy with vaginal sex.

HIV PrEP Options Oral PrEP Injectable PrEP Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF – brand name Truvada® Cabotegravir (CAB) 600 mg PrEP is the use of antiretroviral injection (brand name Apretude®) medications by people without HIV to protect themselves from getting or generic equivalent) *On going trials **PrEP** is recommended for adults and Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF – brand name for Lenacapravir adolescents weighing at least 35 kg (77 lb) who are at risk of Descovy®)* getting HIV *F/TAF is not approved for use by women or other people who could get HIV through receptive vaginal sex





Ongoing Assessment (Oral PrEP)

- Every 3 months
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - HIV
- Assess risk factors, educate, treat any infectious found
- Every year
 - HIV Viral Load
 - Creatinine Clearance
 - Weight, Lipid Panel

Ongoing Assessment (Injectable PrEP)

Every 2 months (Infusion visits)

- HIV, HIV Viral Load
- Promote adherence

Every 4 months

- Gonorrhea
 Chlamydia

- Promote adherence, assess risk factors, educate, treat any infectious found

Summary

- Doxycycline can be prescribed to MSM/TGW to decrease Gonorrhea, Chlamydia, Syphilis incidence
- HIV PrEP decreases risk of getting HIV
- Neither option is 100% effective
- PrEP/PEP visits are a good way to increase patient engagement and provide counseling

References

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