



Department of Health

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Dear Colleagues,

New York State faces a significant public health challenge with over 150,000 annual Sexually Transmitted Infections (STI) diagnoses. I'm writing to promote a critical advancement in prevention: Doxycycline Post-Exposure Prophylaxis (Doxy-PEP).

While traditional prevention methods remain vital, Doxy-PEP is an evidence-based biomedical intervention proven to substantially decrease the incidence of bacterial STIs like syphilis, chlamydia, and gonorrhea. It offers an important additional layer of protection for individuals living with HIV and those on HIV Pre-Exposure Prophylaxis (PrEP), complementing existing HIV prevention strategies. Research highlights its effectiveness in reducing chlamydia and syphilis acquisition, particularly among men who have sex with men. While its effectiveness against gonorrhea is lower and antibiotic resistance is a concern, Doxy-PEP remains a powerful tool^{1,2}.

The Doxy-PEP regimen is simple and straightforward: 200mg of oral doxycycline taken as soon as possible after condomless sex, typically recommended within 24 hours, but no later than 72 hours.

Our core objectives for Doxy-PEP are clear: reduce bacterial STI incidence in populations at risk of STI acquisition, seamlessly integrate its provision into healthcare services, and ensure equitable access for all eligible individuals. To achieve these goals, your active participation is crucial. I call on you to implement the following key actions:

- **Educate and Inform:** Raise awareness about Doxy-PEP among your teams and patients or clients. Make [educational materials](#) easily available.
- **Screen and Counsel:** Proactively identify and discuss Doxy-PEP with eligible patients or clients, and adopt a [patient-centered approach to sexual health](#) employing shared decision-making.
- **Implement and Distribute:** Integrate Doxy-PEP into your practice and ensure patient or client access through appropriate [prescribing](#) and distribution channels within your practice or via referrals.

We encourage you to adopt the following Doxy-PEP implementation guidance for prescribing and non-prescribing providers. By working together, we can significantly improve health outcomes and reduce the burden of STIs in our communities.

Thank you for your dedication to patient care and your commitment to advancing public health.

Sincerely,

Joseph Kerwin
Director
AIDS Institute

¹ [Doxy-PEP: What Providers Need to Know](#)

² [Doxycycline Post-Exposure Prophylaxis to Prevent Bacterial Sexually Transmitted Infections - Clinical Guidelines Program](#)

DOXY-PEP IMPLEMENTATION GUIDANCE FOR PRESCRIBING PROVIDERS

1. **Comprehensive sexual health context:** Prescribe Doxy-PEP as part of a full sexual health approach that includes risk reduction counseling, STI screening every 3–6 months, vaccinations, and HIV testing/PrEP as appropriate; as well as providing prompt treatment as appropriate.
2. **Priority populations:** Doxy-PEP should be offered to cisgender men and transgender women who engage in condomless sex with partner(s) assigned male sex at birth and who:
 - a. Have a bacterial STI diagnosed within the past year, or
 - b. Have no or unknown history of STIs and ongoing risk of STI exposure*Per the AIDS Institute Clinical Guidelines, clinicians may also consider Doxy-PEP for cisgender men who engage in condomless sex with multiple partners female assigned sex at birth and who are at ongoing risk using shared decision making on a case-by-case basis³.*
3. **Education and dosing guidance:** Provide clear instructions on timing and use: oral doxycycline 200 mg taken ideally within 24 hours but no longer than 72 hours after condomless sex. Emphasize the importance of timing, discuss food and drug interactions, sun exposure, food, drug, and environmental interactions, and review strategies for managing side effects.
4. **Ongoing engagement:** For individuals taking Doxy-PEP, providers should screen for HIV, chlamydia, gonorrhea, and syphilis at least every 3 months. Link to treatment as appropriate.
5. **Document and follow up:** Document all relevant information in the patient record. If funded by the AIDS Institute, please contact your contract manager regarding additional data reporting requirements.
6. **Additional considerations:**
 - a. Review patient's medication list to assess for potential drug interactions
 - b. Set up routine follow-up visits; and provide enough doses of Doxy-PEP to last until next follow-up visit based on individual sexual frequency.
 - c. Doxy-PEP is generally not recommended during pregnancy because doxycycline can cross the placenta and may cause harm to the developing fetus.
 - d. Doxy-PEP is not 100% effective and does not protect against all STIs. Offer other prevention tools and strategies such as condoms, HIV PrEP, HIV PEP, vaccinations, etc.
7. **Promote Doxy-PEP visibility in the AIDS Institute Provider Directory:** AIDS Institute funded providers are encouraged to add Doxy-PEP to the [AIDS Institute Provider Directory](#) as a service by selecting the checkbox when updating their profile. For new providers, please select the checkbox during the registration process to ensure Doxy-PEP is clearly listed.

³ Cisgender women: Clinical trial showed no impact of Doxy-PEP on incident STIs in cisgender women. Some data suggest adherence to medication may have impacted results. A patient centered approach is recommended when discussing prevention options with this population.

DOXY-PEP IMPLEMENTATION GUIDANCE FOR NON-PRESCRIBING PROVIDERS

- 1. Create an Accessible and Inclusive Healthcare Environment:** Foster an environment where all individuals feel comfortable seeking and receiving sexual health services.
- 2. Elevate Prevention Messaging & Awareness:** Raise awareness about Doxy-PEP using open and inclusive language. Use technology and social media platforms to expand reach and provide accurate and science-based education, and address misinformation. Encourage open discussions about sexual health with clients and promote prevention strategies such as condom use, HIV PrEP, HIV PEP, vaccinations (mpox, hepatitis B, human papilloma virus). Materials are available free of charge and can be ordered using the Department's [Publication Request Form](#).
- 3. Enhance Outreach and Access:** Leverage community events to engage the priority population(s) which may benefit from Doxy-PEP. Distribute materials, as well as condoms and other safe sex supplies.
- 4. Expand Screening and Testing:** Offer point-of-care rapid testing for syphilis, HIV and hepatitis C, particularly in settings where access to testing may be limited. Establish bi-directional agreements to facilitate timely linkage to care for individuals with a reactive result, promoting access to treatment and [Partner Services](#).

RESOURCES

New York State Department of Health, AIDS Institute Office of Sexual Health and Epidemiology: [Doxycycline Post-Exposure Prophylaxis \(Doxy-PEP\)](#)

New York State PEP Hotline: [Post-Exposure Prophylaxis \(PEP\)](#)

- **Outside NYC:** 844-PEP4NOW (844-737-4669)
- **In NYC:** 844-3-PEPNYC (844-373-7692)

AIDS Institute Clinical Guidelines: [Doxycycline Post-Exposure Prophylaxis to Prevent Bacterial Sexually Transmitted Infections - Clinical Guidelines Program](#)

Clinical Education Initiative or CEI: [Sexual Health Resource Detail](#)

New York City Department of Health and Mental Hygiene: [Sexual Health - NYC Health](#)

Centers for Disease Control and Prevention: [Doxy PEP for Bacterial STI Prevention | STI | CDC](#)