



HIV/STI UPDATE

Health Commission, November 17, 2025

Stephanie Cohen

Nyisha Underwood



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

SFDPH addresses HIV and STIs through an integrated, patient-centered approach

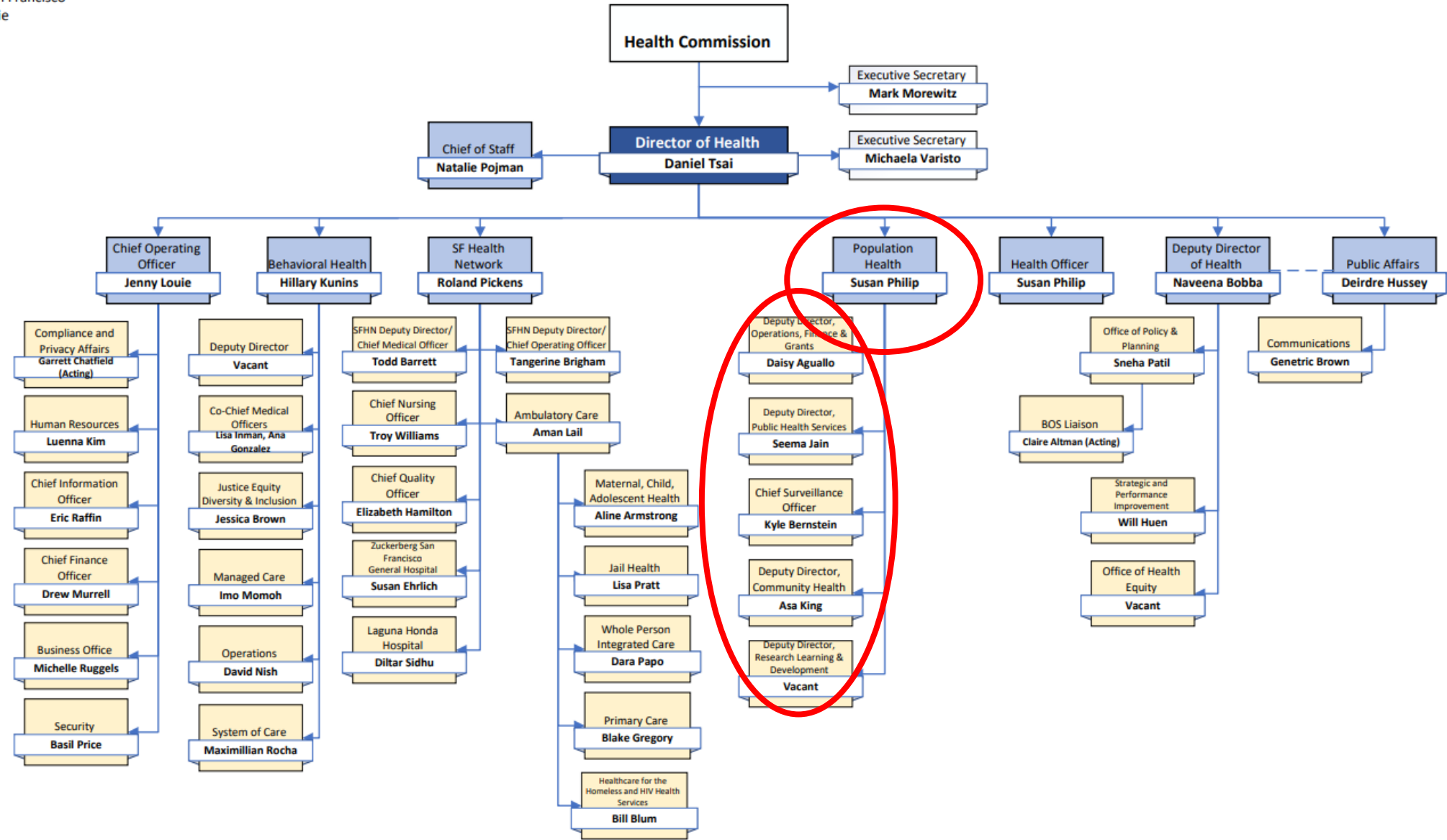
- Informed by local HIV and STI epidemiology
- Clinical and community-based programs work to prevent infections and morbidity, and promote health equity
- Rapidly implementing innovative strategies and partnering with health systems and community is leading to progress in sexual health





City and County of San Francisco
Daniel L. Lurie
Mayor

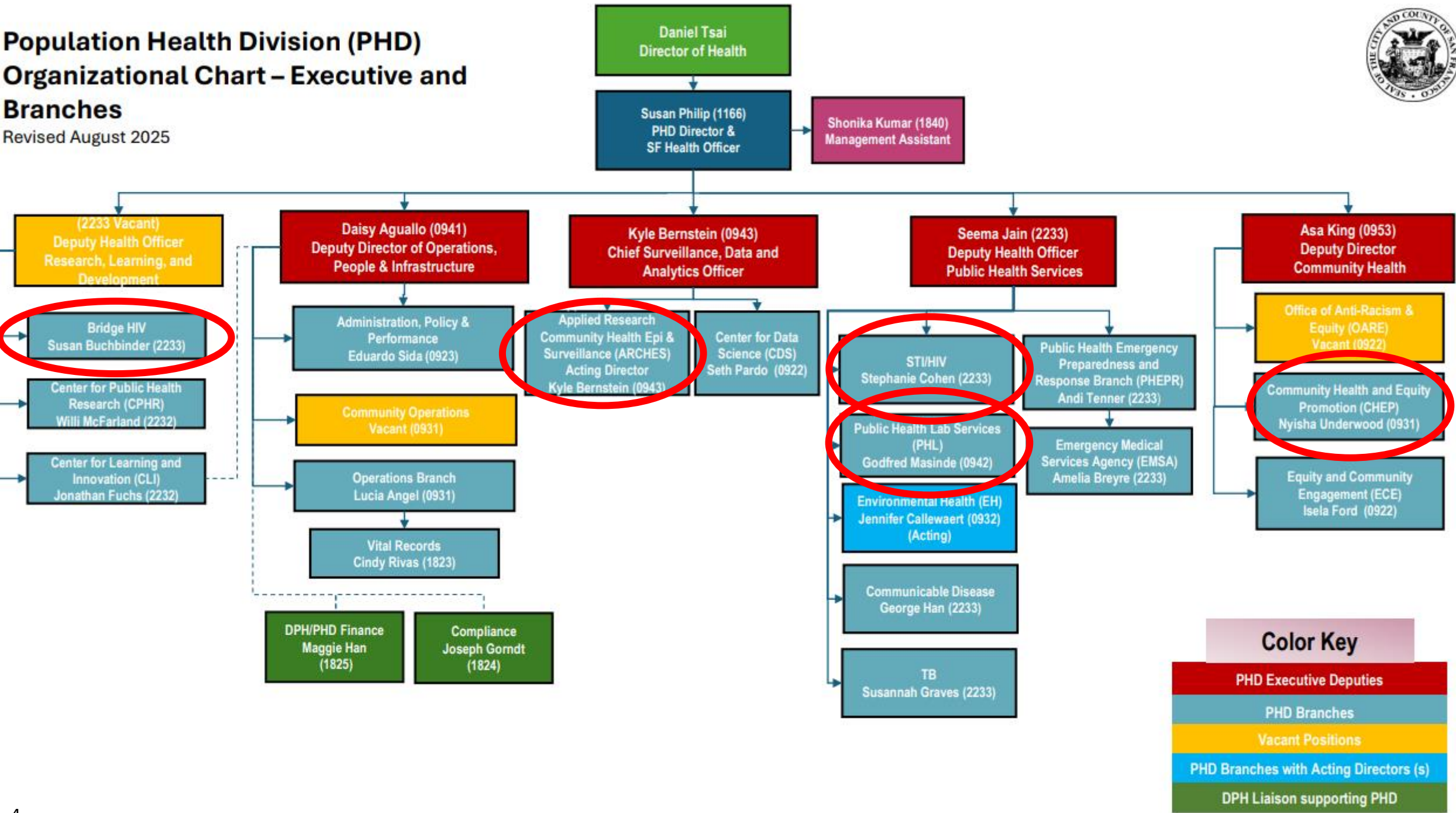
San Francisco Department of Public Health
Daniel Tsai
Director of Health



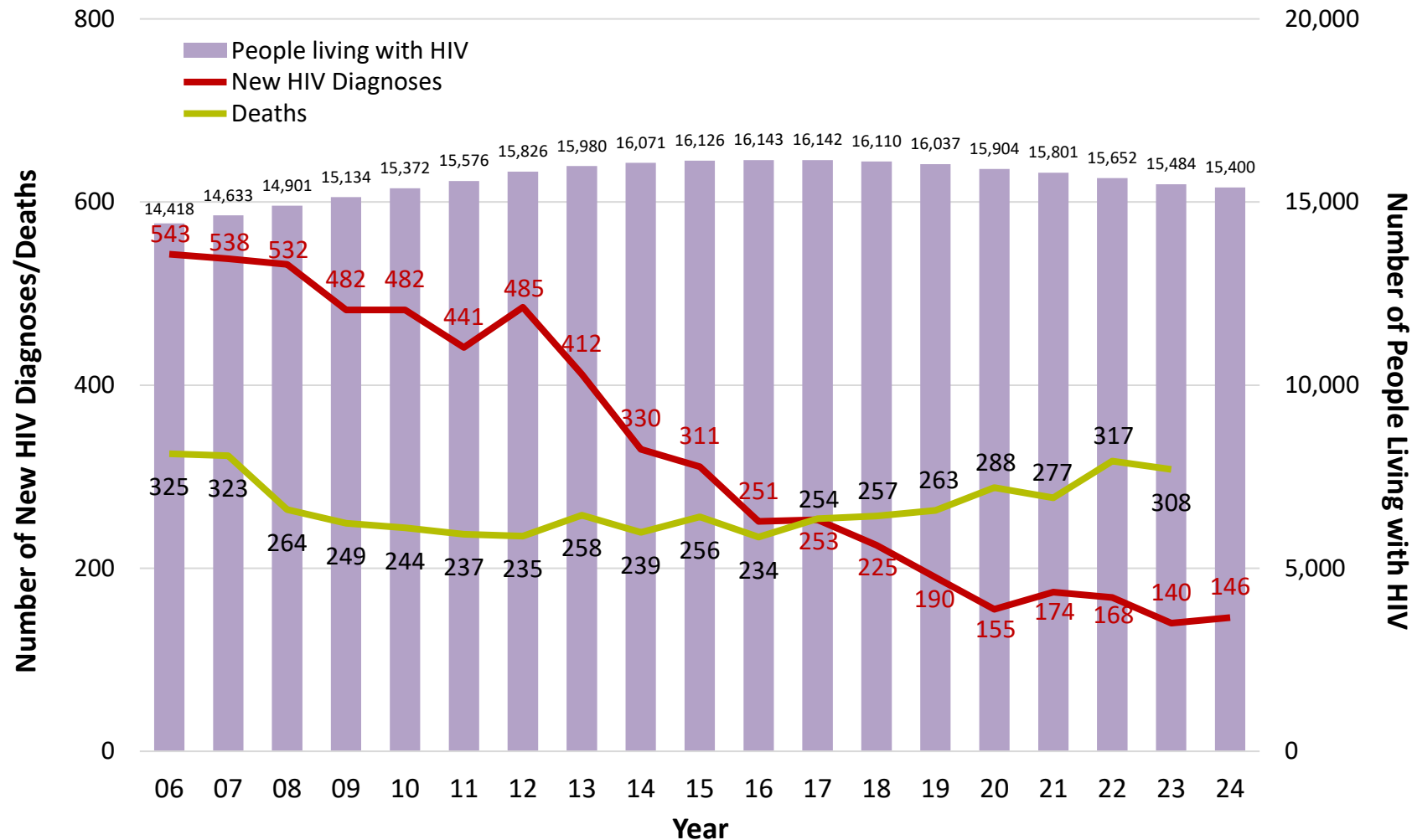


Population Health Division (PHD) Organizational Chart – Executive and Branches

Revised August 2025



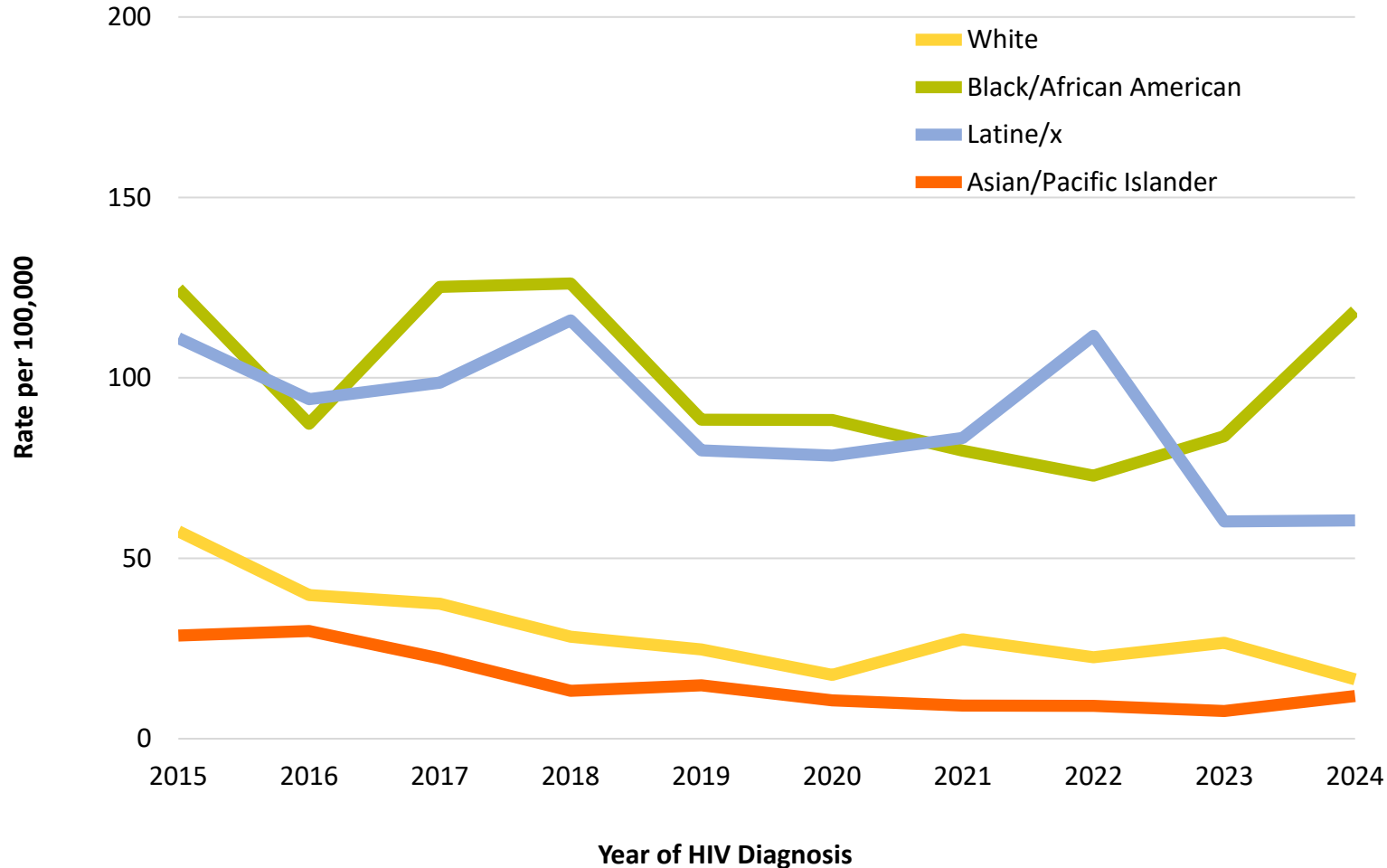
HIV diagnoses, deaths, and prevalence, 2006-2024, San Francisco



- New HIV infections have come down from 2019 by 23%, but seem to be leveling off
- 15,400 PWH were SF residents at diagnosis:
 - 75% are 50+ years
 - 48% are 60+ years
- Deaths increased since 2016 as population ages
 - HIV-related causes continue to decline
 - Deaths from overdose 2nd leading cause of death among PWH

Death reporting for 2024 is not complete.

Annual rates¹ of new HIV diagnoses in cis men per 100,000 population by race/ethnicity, San Francisco

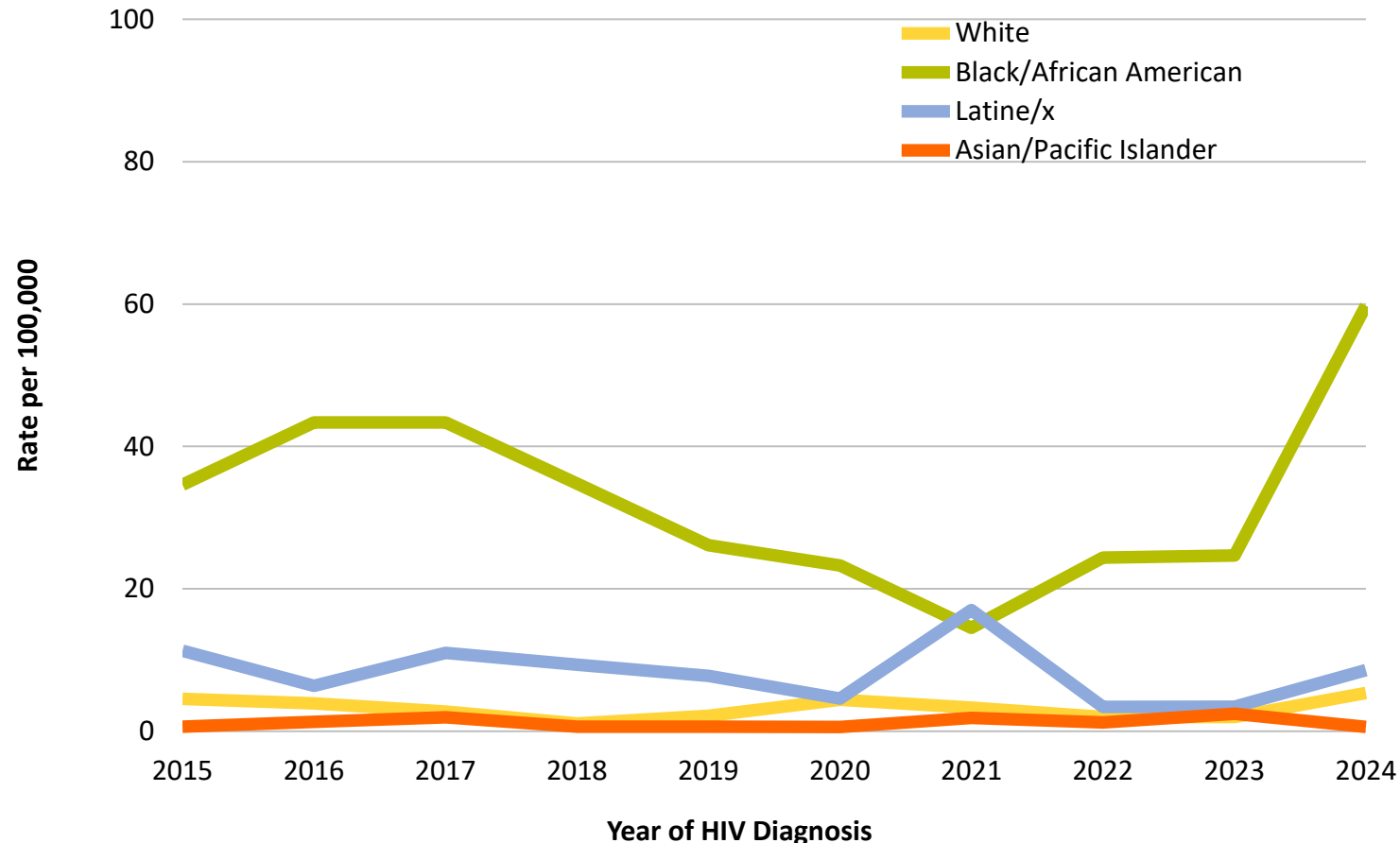


- Number of new diagnoses in cis men declined from 113 to 110
 - 83% of new diagnoses in cis-men are men who have sex with men (MSM)
 - 8% are MSM/PWID²
- Rates highest in Black men and rising: twice as high as in Latino men and >7x as high as in White men

¹Includes people with HIV by year of their initial HIV diagnosis. Pacific Islanders included with other Asian populations due to small numbers. Rates for Native Americans and multi-racial new diagnoses are not calculated due to small numbers.

²PWID = People who inject drugs

Annual rates¹ of new HIV diagnoses in cis women per 100,000 population by race/ethnicity, San Francisco



- Number of new dx in cis women increased from 14 to 26
 - 15% are PWID
- Rates highest in Black cis women and rising
- Rates second highest in Latina women, also rose
- Rates lowest in White and API women; rose in White women

¹ Includes people with HIV by year of their initial HIV diagnosis. Pacific Islanders included with other Asian populations due to small numbers. Rates for Native Americans and multi-racial new diagnoses are not calculated due to small numbers.

Trends in HIV New Diagnoses in Select Populations

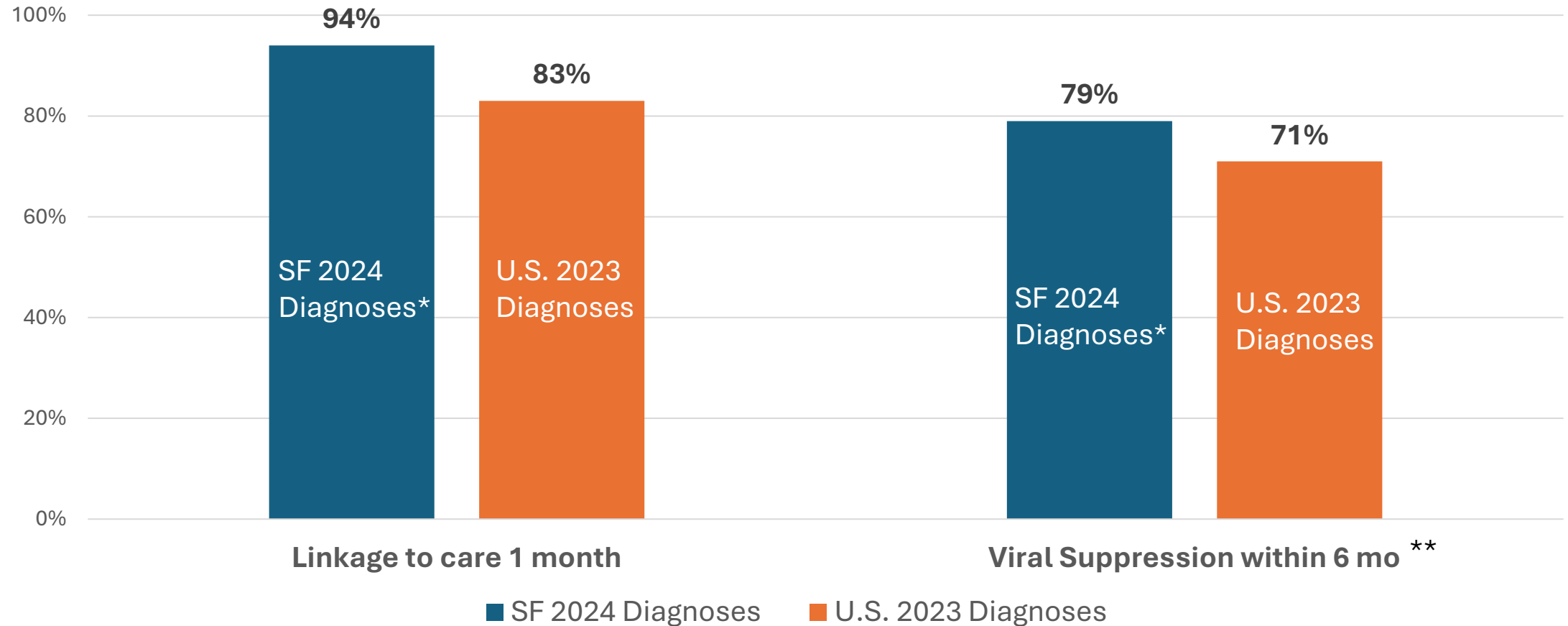
Population	2024 diagnoses Number (%)	% Change in number of diagnoses between 2019 and 2024
Overall	146	↓ 23%
Persons experiencing homelessness (PEH)	24 (16%)	↓ 27%
All persons who inject drugs (PWID)*	21 (14%)	↓ 34%
Trans Women (TW)	9 (6%)	↓ 36%

*Includes PWID, MSM-PWID, TW-PWID



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

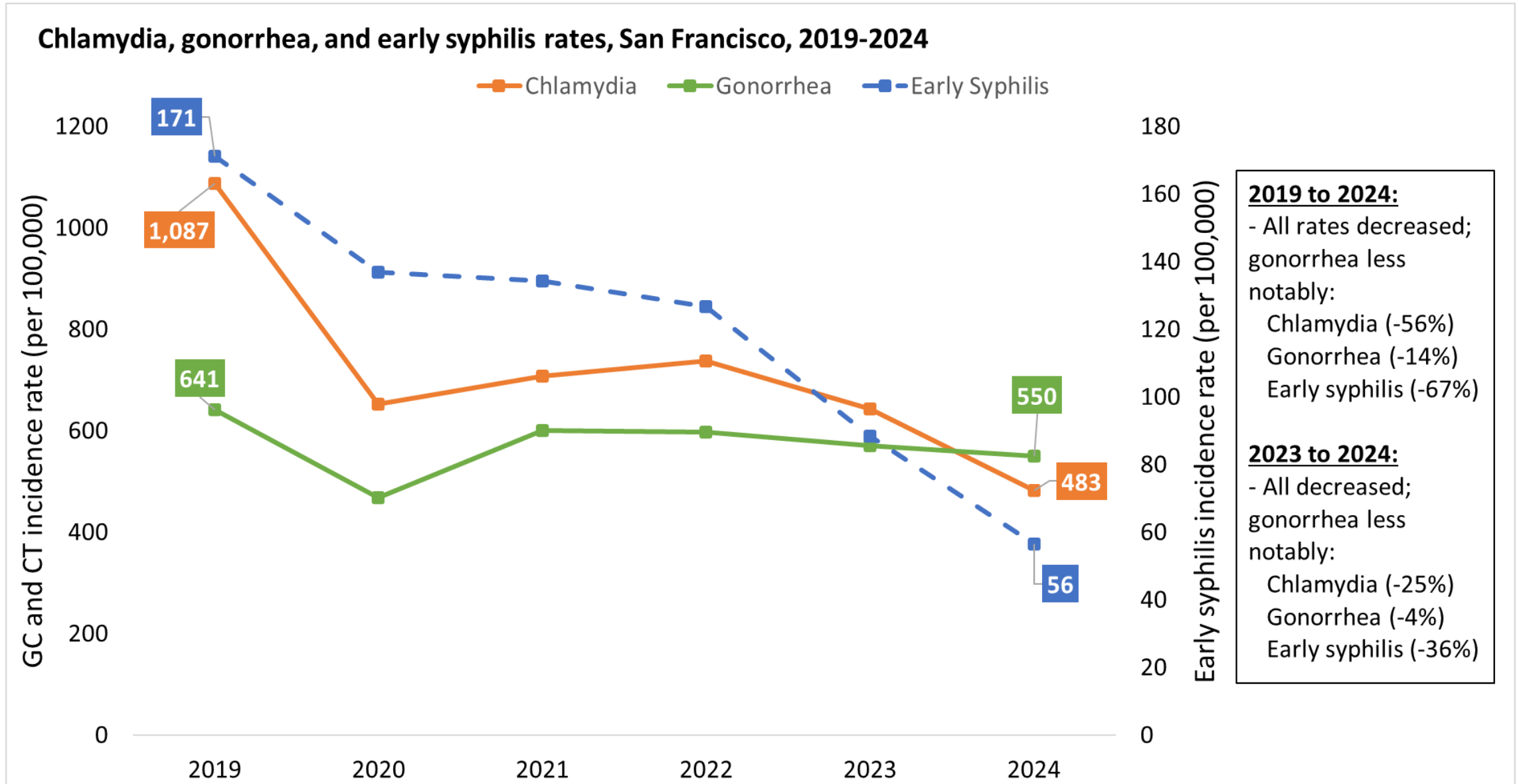
SF HIV Care Continuum Indicators Exceed National Averages



* New diagnoses based on evidence of confirmed HIV test, does not account for self-report date of HIV infection.

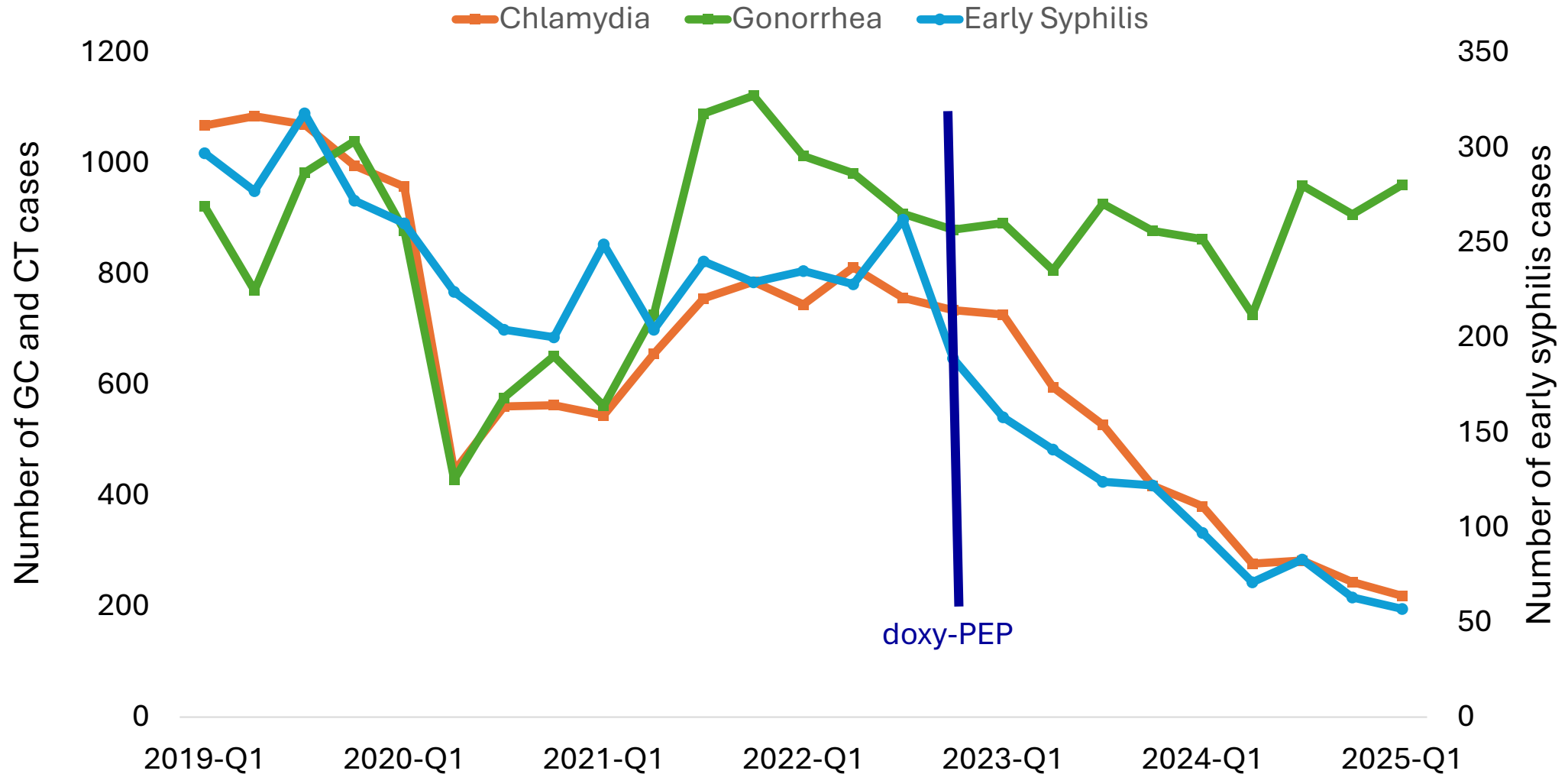
** latest viral load test within 6 and 12 months of diagnosis.

Annual STI incidence rates for chlamydia, gonorrhea, and syphilis decreased among San Francisco residents from 2019 to 2024



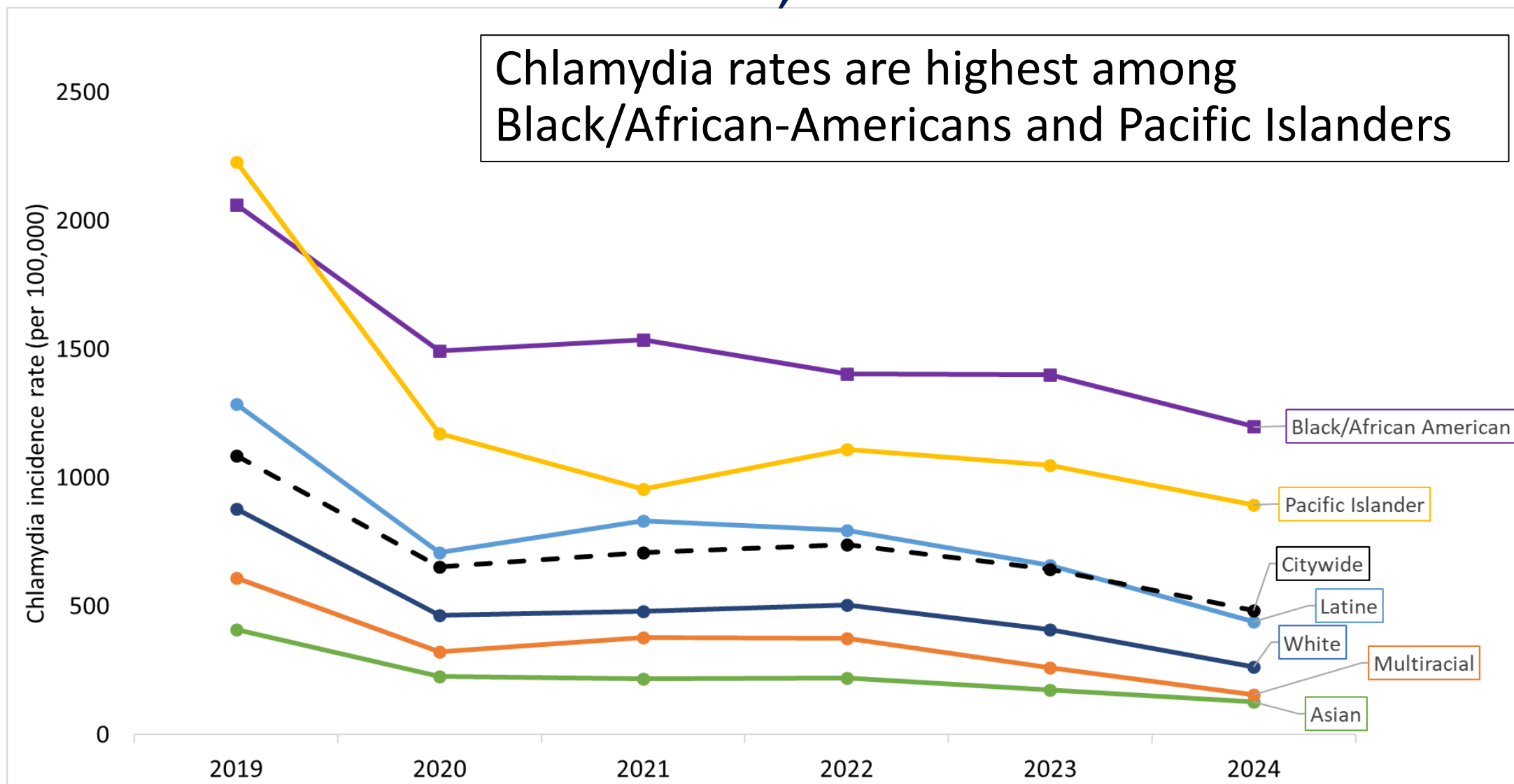
Citywide chlamydia and syphilis cases in MSM and transwomen declined following the roll-out of **doxy-PEP**

Chlamydia, gonorrhea, and early syphilis cases among MSM and Trans women, San Francisco, 2019-Q1 2025



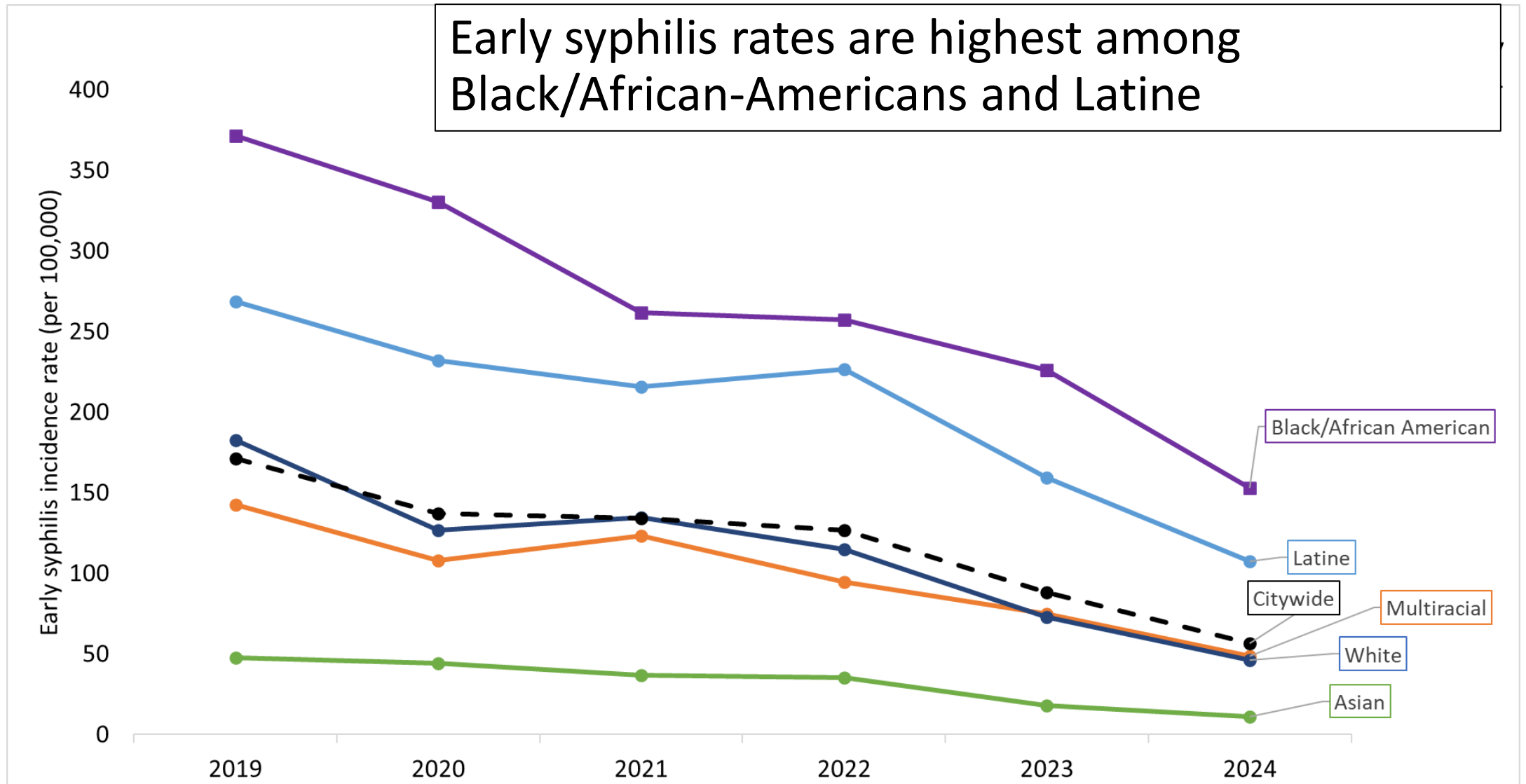
Chlamydia incidence by race/ethnicity

San Francisco, 2019-2024



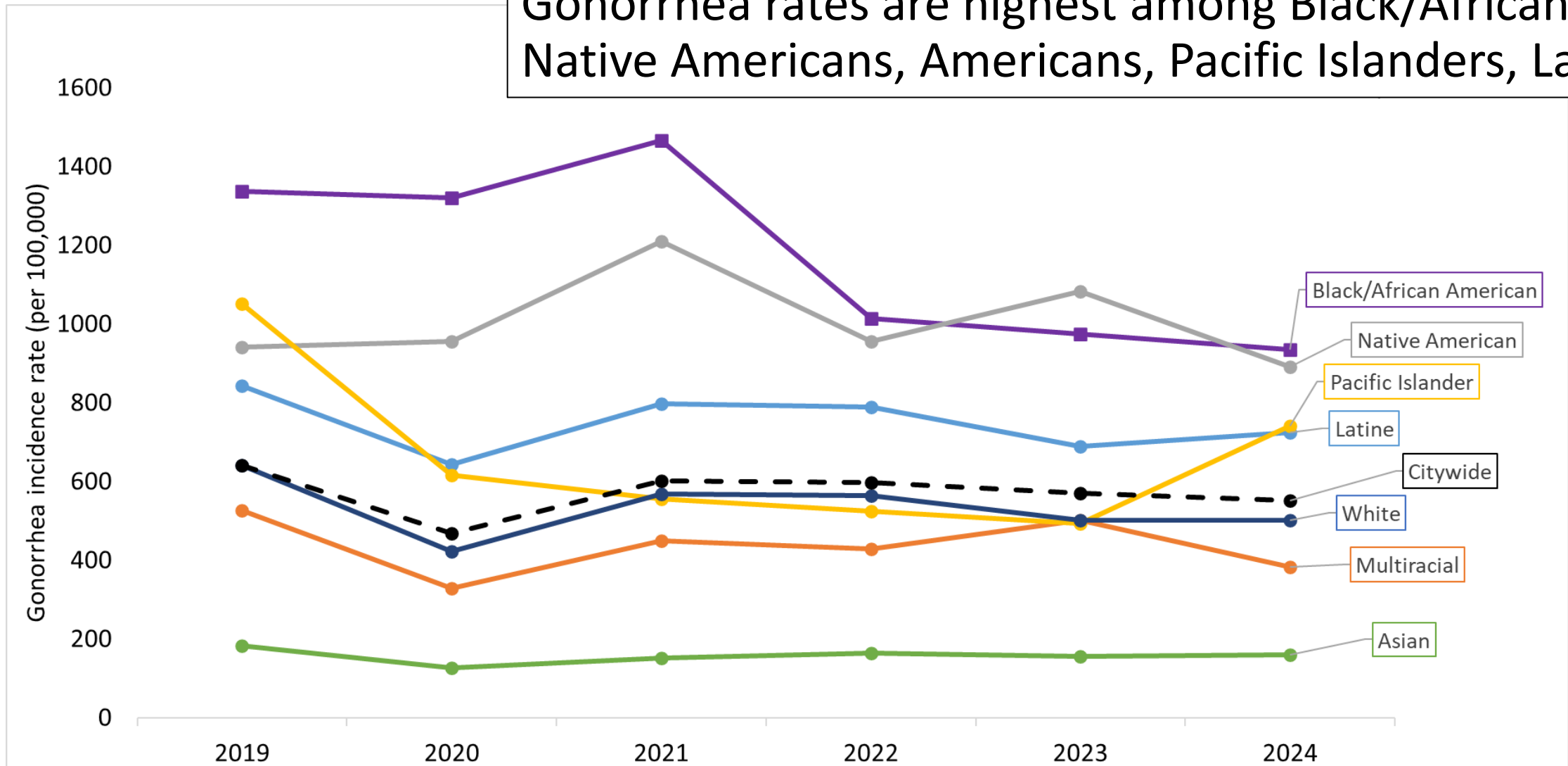
*Rates among Native Americans not presented due to low case counts and unstable rates.

Early syphilis incidence by race/ethnicity San Francisco, 2019-2024

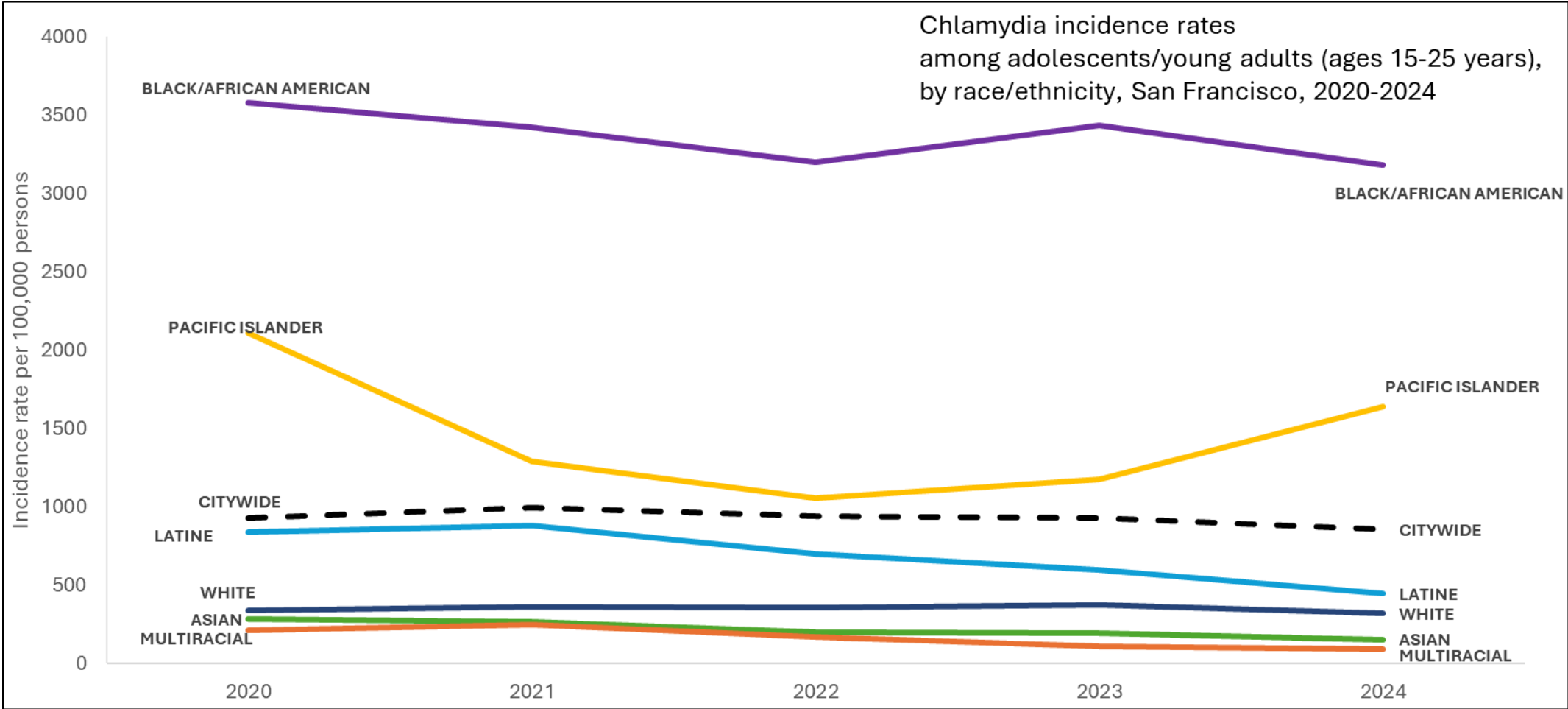


Gonorrhea incidence by race/ethnicity San Francisco, 2019-2024

Gonorrhea rates are highest among Black/African, Native Americans, Americans, Pacific Islanders, Latine



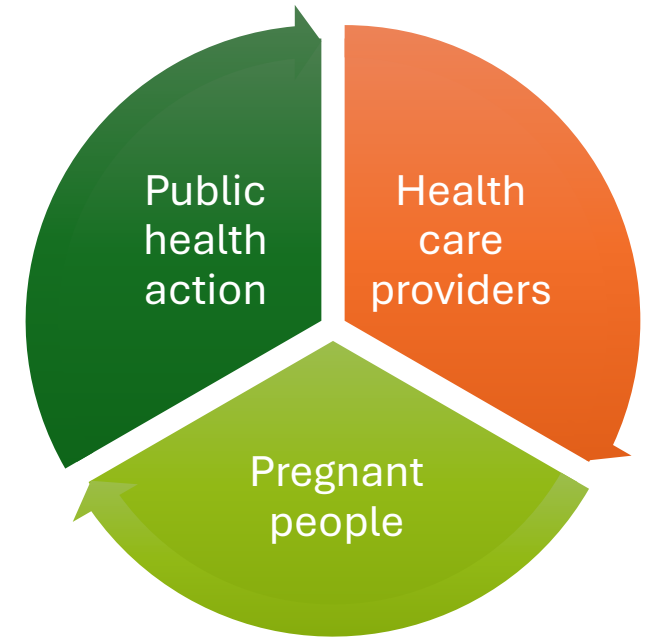
Chlamydia rates among adolescents/young adults are highest among Black/African-American and Pacific Islander youth (15-25 years)



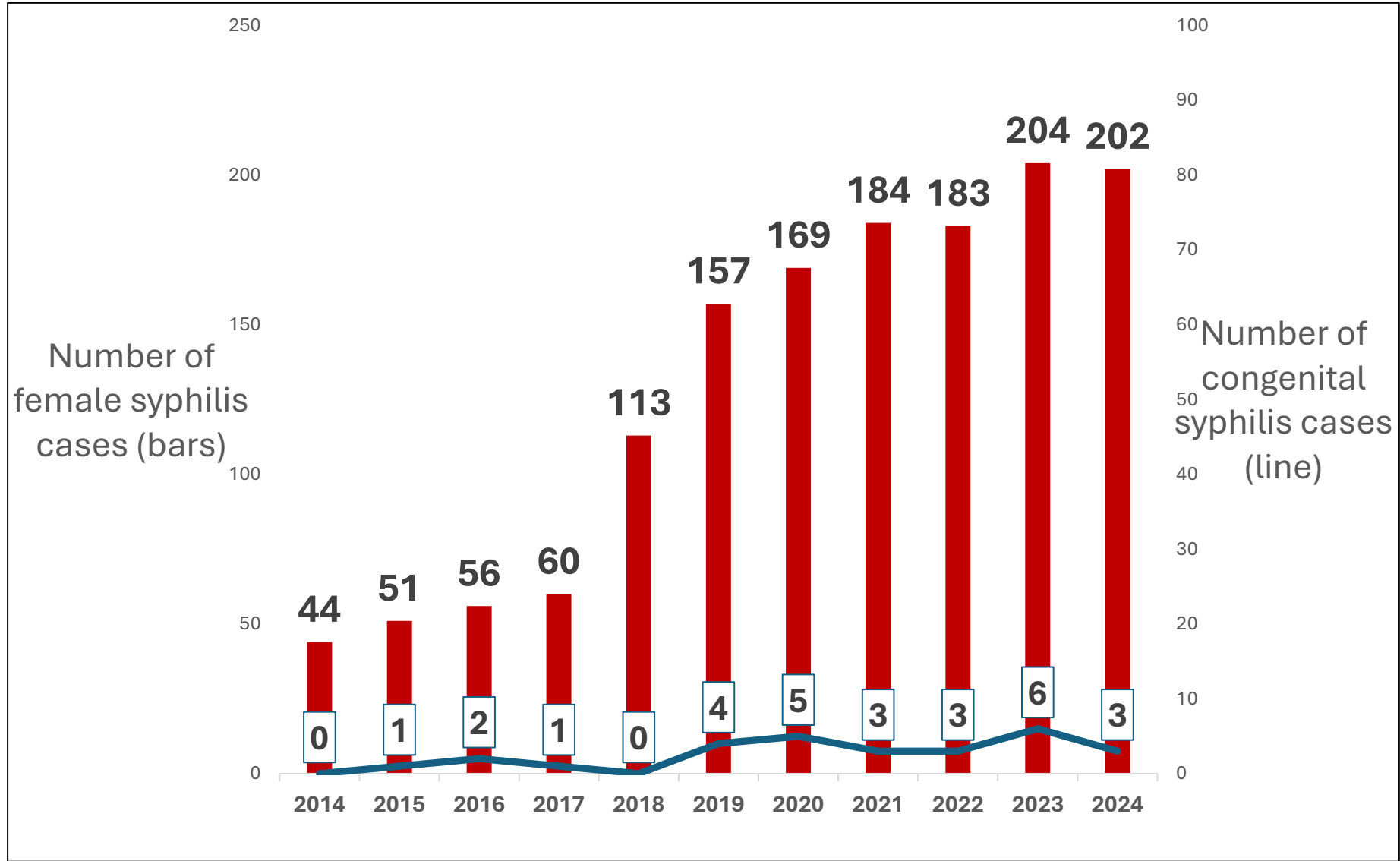
Note: rates for Native Americans not displayed due to low case counts (<5) and unstable rates

Preventing congenital syphilis (CS) is a top program priority

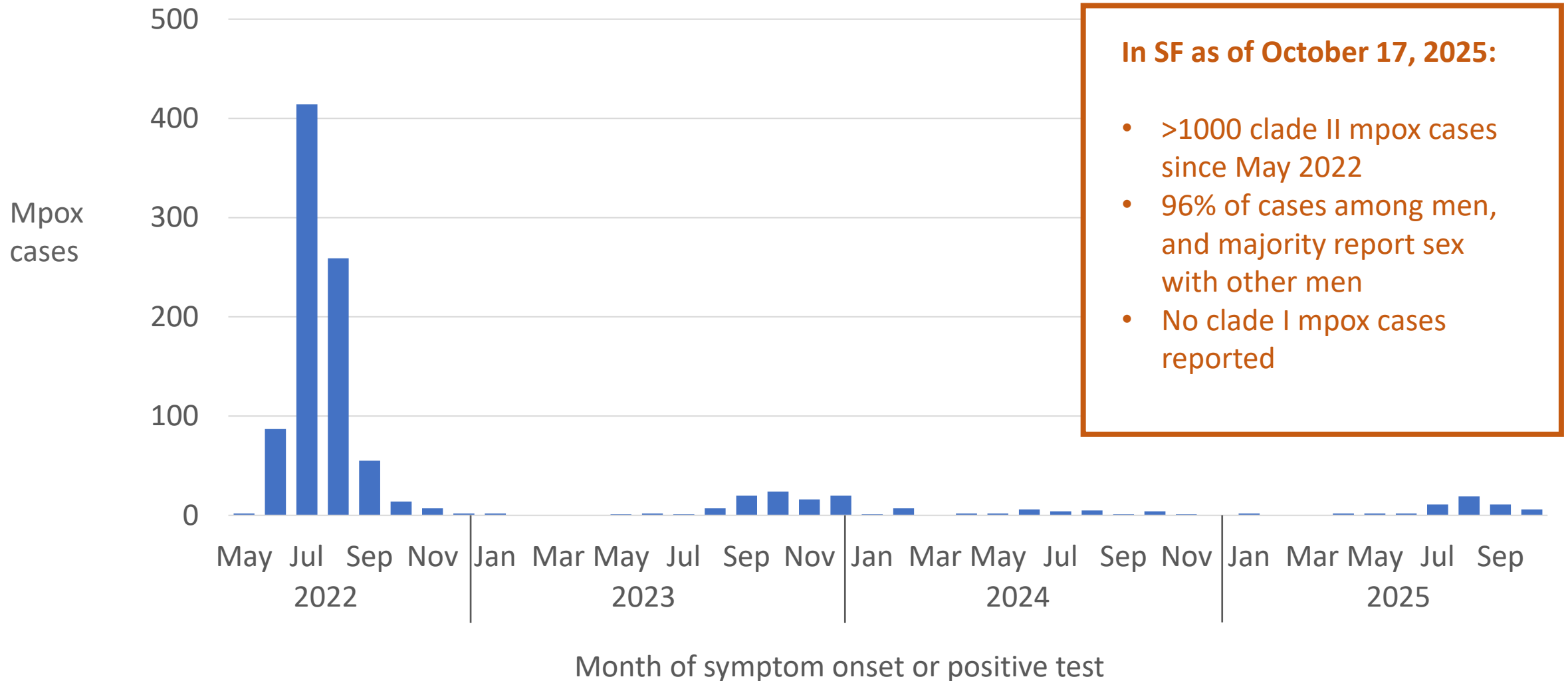
- Transmission can be prevented by timely diagnosis and adequate treatment of the pregnant person
- CS is a sentinel event for clinical and public health systems



Increases in SF of total female syphilis and congenital syphilis cases have continued since 2014*

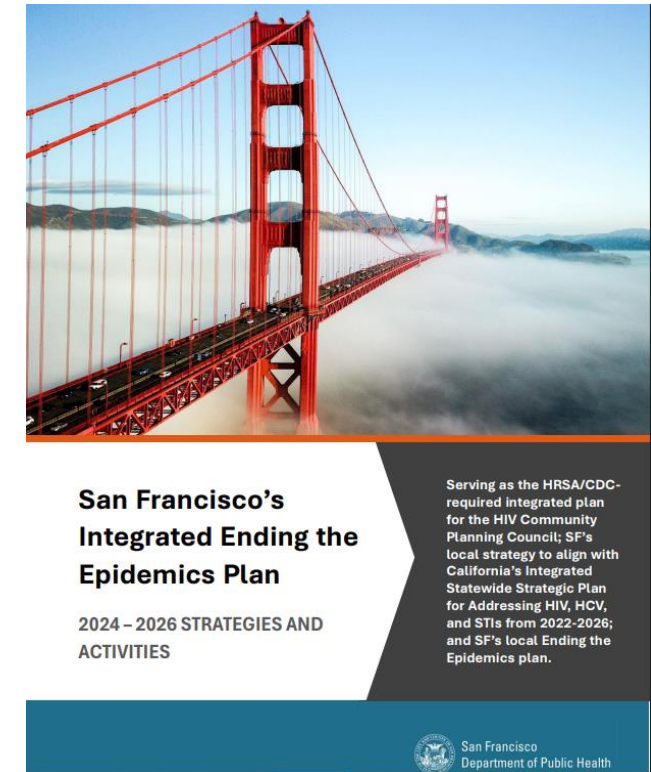


Clade II mpox cases were highest in 2022 in San Francisco.
Since then, mpox cases continue to be diagnosed among SF residents,
typically in the summer and fall.

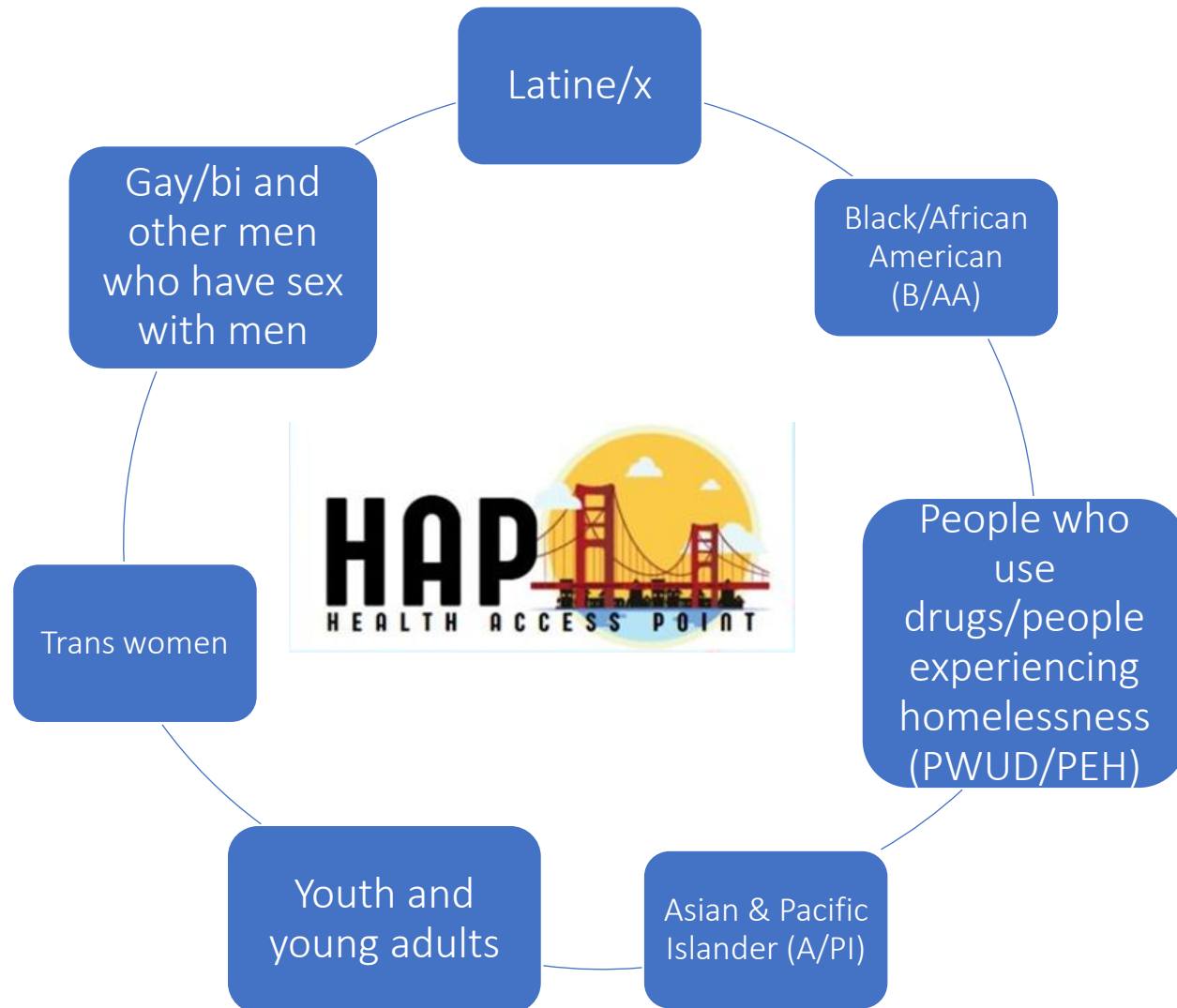


Integrated and collaborative implementation of evidence-based strategies, with focus on health equity, racial justice and eliminating disparities

- Ensure low-barrier access to STI, HIV and HCV screening through Health Access Points (HAPs), SF City Clinic and home testing
- Support equitable access to biomedical prevention tools
- Ensure linkage to care and partner services
- Collaborate with health systems, providers and community partners
- Outreach and engage communities, both in-person and online
- Build capacity through training, technical assistance and development and dissemination of guidelines
- Address social determinants of health



Seven Health Access Points (HAPs) launched in July 2023 to serve populations disproportionately impacted by the syndemic of HIV, STIs and HCV

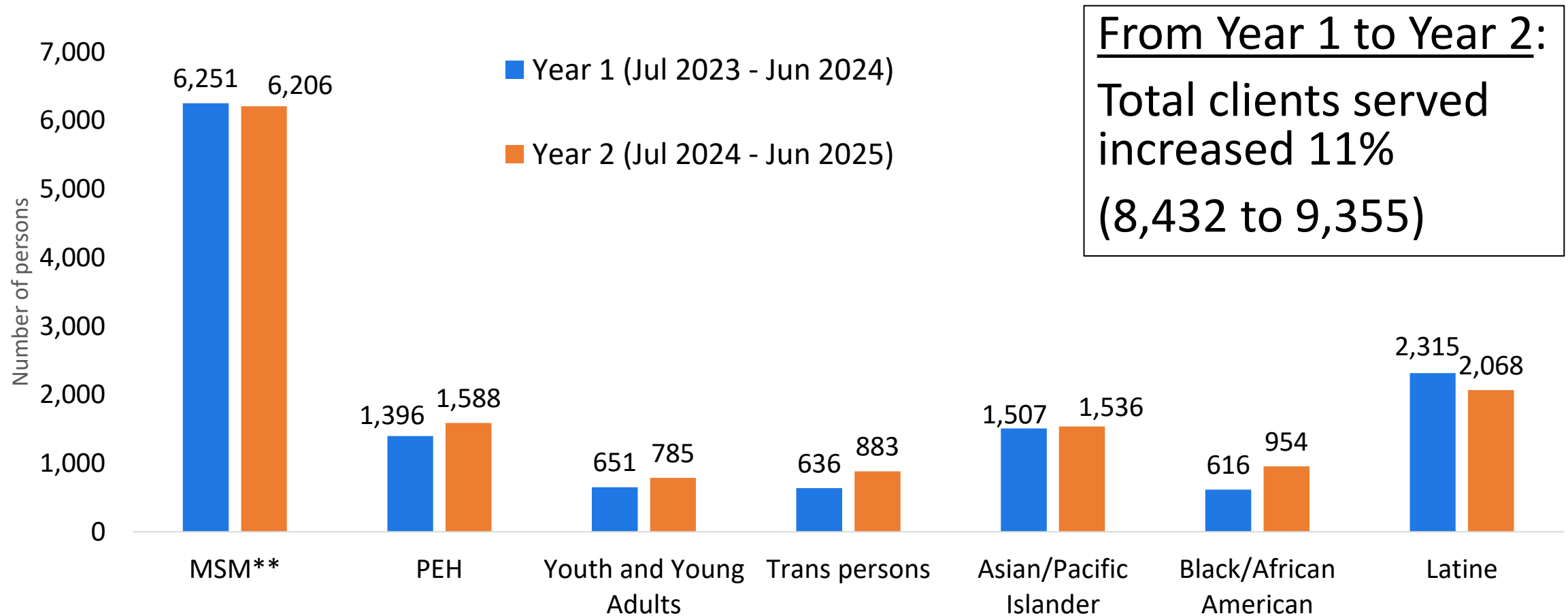


Community-Based Organizations in HAP network

- Instituto Familiar de la Raza (IFR)
- Rafiki coalition
- Alliance Health Project (AHP)
- San Francisco AIDS Foundation (SFAF)
- SF Community Health Center (SFCHC)
- Lavendar Youth Rec & Information Center (LYRIC)
- UCSF Ward 86
- Glide
- Shanti
- Huckleberry Youth
- Homeless Youth Alliance (HYA)
- 3rd Street Youth Center
- Positive Resource Center (PRC)
- Lyon Martin
- Mission Neighborhood Health Center (MNHC)

Number of People experiencing homelessness (PEH), youth, trans, A/PI and B/AA clients served by the HAPs increased from Year 1 to Year 2

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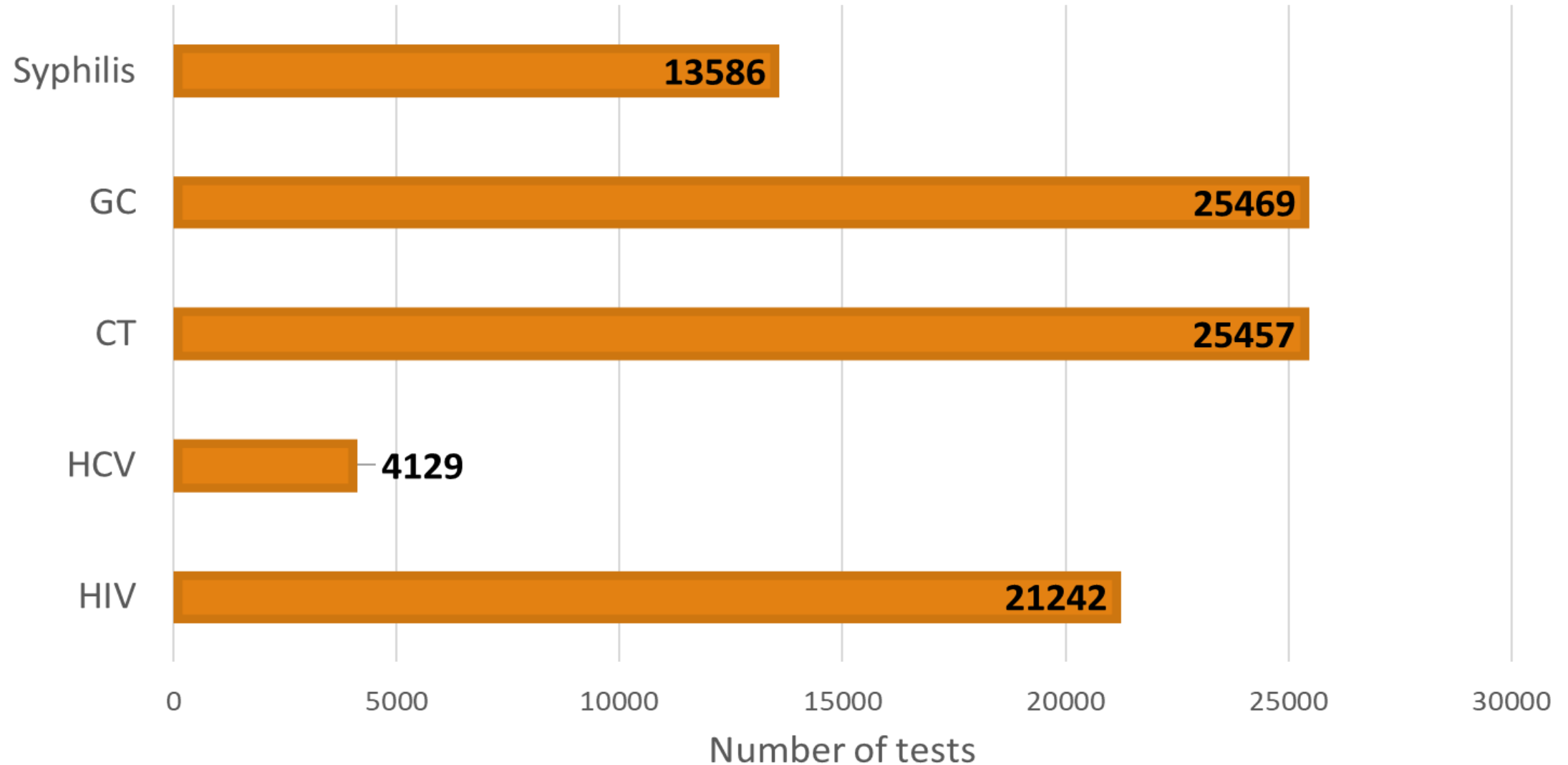


* Priority populations are not mutually exclusive.

**Includes persons who self-reported sexual orientation gay or bisexual.

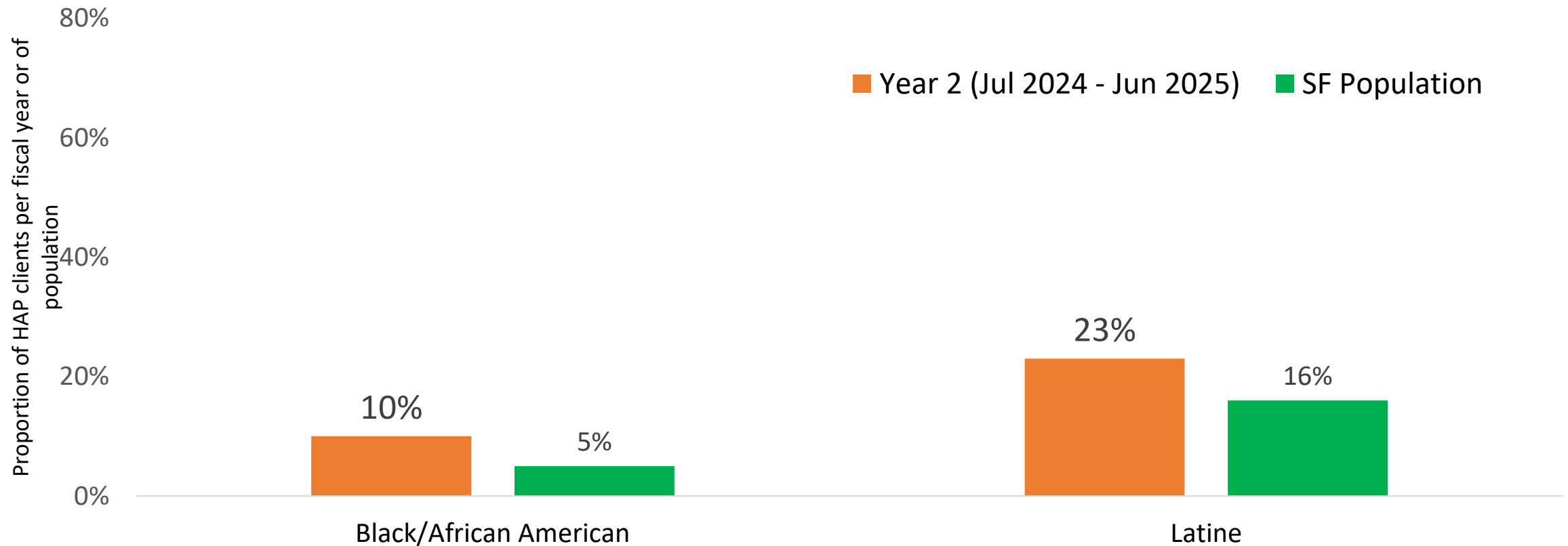
Tests conducted at the HAPs in Year 2

YEAR 2



*includes rapid, point-of-care, and conventional lab tests. Year 2 data reported as of 9/5/25

Black/African American and Latine persons are disproportionately represented among HAP clients, relative to their proportion of the SF population



Cross-cutting HAP Themes

Theme	Description
Equity & Representation	Staff reflect communities served; programs rooted in racial/gender equity.
Peer-Led Engagement	Peer navigators reduce stigma and build trust.
Client-centered care	Trauma-informed, non-judgmental, client-centered care.
Cultural & Language Access	Multilingual, culturally relevant services improve accessibility.
Community Visibility	Events like Pride, Balls, and fairs normalize care and foster belonging.
Cross-Sector Collaboration	Partnerships with clinics, CBOs, and city agencies enhance service delivery.
Continuous Learning	Programs adapt based on feedback, data, and evolving needs.
Structural Barriers	Housing, stigma, racism, and immigration fears affect access and retention.

"It felt good to see Black people leading health events. It makes me want to come back and tell my friends." Umoja HAP Participant

"The peer model transforms outreach. When youth see someone like them providing services, stigma drops and curiosity rises." SFAF Peer Navigator

"I like the people. The people are incredible. I like that there's really no judgment. And I like the fact that—I've always been honest with my physicians, in terms of my drug use. I know a lot of people that don't, and I feel like I really can say anything to any of them, anybody here, and not be judged." 50-year-old, cis- woman, The Lobby*

"When I visit LHAP, I feel respected and heard. They explain things in Spanish and help me understand my options for PrEP and testing." MNHC Client

Providing sexual health education and services to youth through outreach, coordination and partnerships

- **Transition Age Youth (TAY) HAP** provides:
 - **Youth-Centered Care:** Integrated sexual and behavioral health services, including PrEP, counseling, and support for unhoused youth.
 - **Community Engagement:** Outreach events, peer-led support groups, and equity-focused programming.
- **YUTHE Program Highlights:**
 - School-based sexual health workshops using the Health Connected Curriculum.
 - Peer education and youth leadership development pathways.
 - In partnership with 3rd Street Youth Center, reached ~50 youth through **Safe Sex Summer** events.
- **Strategic Partnerships:** Active participation in the **BAAHI STI Group** with CHPY leadership and CBO partners to expand STI screening and prevention for youth.

LYRIC
CENTER FOR LGBTQ+ YOUTH



Train frontline staff across SF to deliver community-based, low-barrier, stigma free HIV, STI and HCV services

- **HCV/HIV/STI** trainings to over 180 people:
 - State Certified HIV/HCV/STI/Overdose Prevention Test Counselor Trainings
 - HIV/HCV/STI point-of-care testing trainings with CBOs
 - STI trainings provided in Spanish
- **Overdose Prevention** training to over 400 people
- **Stigma reduction and HCV linkage and navigation** training to over 150 people
- **Onboard SF:** CHEP, HIV Health Services and Frontline Organizing Group (FOG) implemented a workforce development event with over 75 participants



The poster is for the 'Onboard SF' event, titled 'Ending the Epidemics'. It is a 'Frontline Worker Summit' held on May 20, 2025, from 9am to 4:30 pm at the SFLGBT Center, 1800 Market St. in San Francisco. The event features three main topics: 'Networking and Professional relationship building', 'HIV/HCV/STI Prevention and Treatment', and 'Systems of Care'. It also includes 'Event Details' and a 'REGISTER' button with a QR code. A note at the bottom states 'Breakfast, Lunch and Snacks will be provided'. The poster has a yellow background with purple and orange accents, and an illustration of diverse people in the center.

Ending the Epidemics

ONBOARD SF

A Frontline Worker Summit

Highlights

- Networking and Professional relationship building
- HIV/HCV/STI Prevention and Treatment
- Systems of Care

Event Details

May 20, 2025
9am-4:30 pm

SFLGBT Center 1800 Market St. SF, CA

REGISTER

Breakfast, Lunch and Snacks will be provided

Community Engagement, Outreach and Public Health Campaigns



- **Dedicated Team** coordinates community engagement across CHEP, City Clinic, PHD, and community partners for events, outreach, social media, communications, and planning.
- **Engagement through Social Media: PrEP Supports and Have Good Sex (HGS)** campaigns built community trust, expanded reach, boosted **Home-Based Testing Program** participation.

- **@staygoodgood: 1,918 followers**
- **@sfcityclinic: 289 followers**
- **@sfyuthe: 291 followers**
- **Campaigns: Reached over 3 million across the Bay Area, 500,000 unique impressions**
- **Campaigns are designed to reach Black/African American and Latine cisgender women and men**

- **Outreach in the community: Reached 5,000+ people through 40+ events**, from citywide celebrations (SF Pride, Carnaval, Sunday Streets) to local schools and clinics.



Linking individuals and their partners with HIV and STIs to prevention, treatment and care



People • Care • Prevention



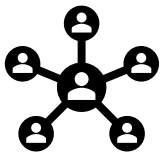
Treatment assurance

- Ensure patients adequately treated for diagnosed STIs
- RAPID ART start for HIV



Linkage to Care and Prevention

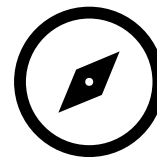
- Linkage to care for people newly diagnosed with HIV
- Counseling and referral to HIV PrEP and doxy-PEP



Partner Services

For people with HIV, Syphilis or Mpox:

- Identify and notify partners
- Self-disclosure coaching



Navigation

For people with HIV who are out of care:

- 3 months support with appt reminders and escorts, benefits/system navigation
- Address other barriers to care (e.g. transport, housing, food insecurity)

Congenital Syphilis (CS) Prevention Taskforce

Coordinates CS Elimination Efforts



LOW BARRIER
SYPHILIS AND
PREGNANCY TESTING



COMMUNITY
EDUCATION



PARTNER
ENGAGEMENT




HEALTH SYSTEM
QUALITY
IMPROVEMENT


 San Francisco
Department of Public Health

Syphilis Test

First to Know is a self-test for syphilis that provides results in 15 minutes.

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems if not treated. Especially in pregnancy.



- **TOUCH**
Stick your finger with the provided lancet and touch the test to your finger to let 1-3 drops of blood enter the test.
- **TAP**
Tap the test twice on a table or flat surface and lay it flat.
- **TEST**
Wait 15 minutes for your syphilis test results.

Go to a clinic if your test is positive.



- Syphilis can be cured with medication.
- This test is not meant for people with a history of syphilis. This test will show up positive if you have ever had syphilis.
- Untreated syphilis during pregnancy can lead to serious health issues for both birth parent and baby.

628-217-6600 www.sfcityclinic.org 356 7th Street, SF, CA

Think you might be pregnant?



What can you do?

You deserve to be treated with **dignity** and **respect**. You deserve to talk with people about your health and how you want to plan for your future.

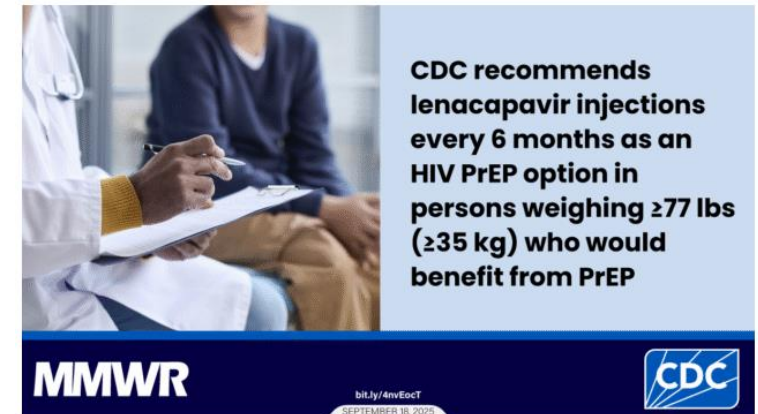
Get care: Your health matters! Getting care early can help you make a choice about your pregnancy and health.

Take Vitamins: Prenatal vitamins are helpful to your health no matter what your decision.



Innovations in PrEP, if rolled out equitably, will advance our HIV Getting to Zero efforts

- TWO long-acting injectable (LAI) PrEP options
 - Cabotegravir (Apretude) – every 2 months
 - Lenacapavir (Yeztugo) – every 6 months
- Support roll-out through collaborative working groups focused on:
 - Developing provider and patient-facing educational materials
 - Community engagement and promotion of the new PrEP options
 - Building capacity to offer and administer LAI at DPH clinics – Epic optimization, protocols and training



Getting to Zero San Francisco:

Reducing HIV transmission and preventable deaths through collective impact

Centering Racial Equity To Attain Improved Outcomes For All San Franciscans

GTZ's goal is to be the first US jurisdiction to get to: **Zero HIV infections, Zero preventable deaths, Zero HIV stigma and discrimination.**

Select accomplishments

1. **66%** decline in new HIV diagnoses in SF, compared to a **17%** decline in the entire US.
2. Created first protocol for rapid ART start; median days from HIV diagnosis to ART in SF is **ZERO**.
3. Estimated PrEP use increased from **10%** of eligible MSM in 2014 to **56%** in 2023 in SF.
4. Support collaborations that address disparities as they emerge – Latine, B/AA, PEH, aging
5. Track new products – like LAI-PrEP and doxyPEP – to monitor for disparities and create responsive programming
6. Support a syndemic approach – Integration of STI, HCV and overdose prevention

Summary

- Recent increases in HIV in B/AA cis men and women and persistently high STI rates in BIPOC youth reflect ongoing racial/ethnic disparities
- Intensive efforts needed to address social determinants and improve health for all through clinical and community-based programs that are:
 - Evidenced-based
 - Equity-focused, stigma-free, low barrier
 - Informed by and implemented in collaboration with community
 - Integrated with wrap-around services
- New tools in HIV and STI diagnosis, prevention and treatment are promising - need to ensure equitable access
- Partnerships with health systems, community-based organizations and our HAPs are core elements of our response





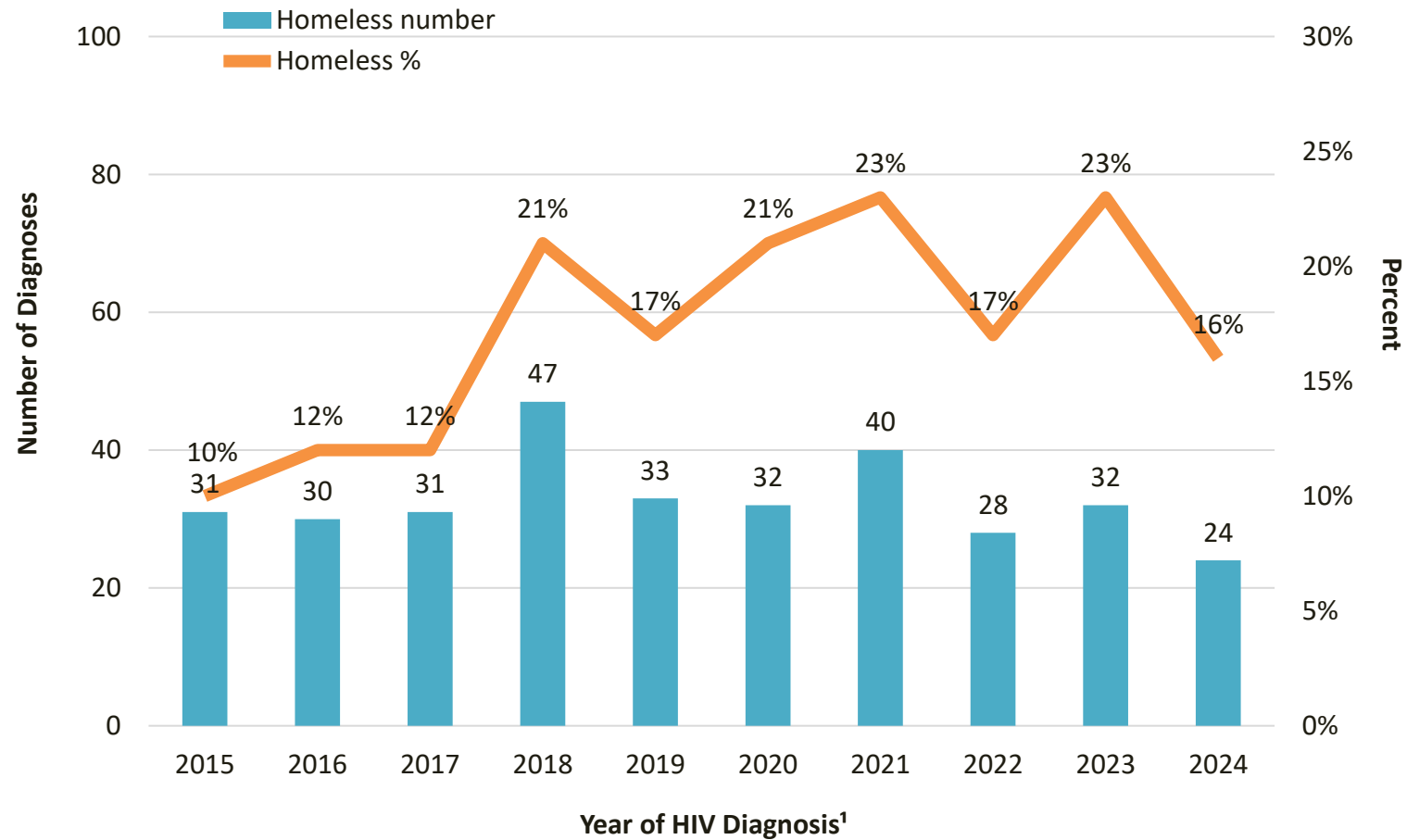
THANK YOU!

- Stephanie Cohen – Director, HIV/STI Prevention Disease Prevention and Control
- Nyisha Underwood – Director, Community Health Equity and Promotion
- Arpi Terzian – Director, HIV Epidemiology and Surveillance
- Sharon Pipkin – Lead HIV Epidemiologist
- Trang Nguyen – Director, STI Epidemiology, Surveillance, and Program Evaluation



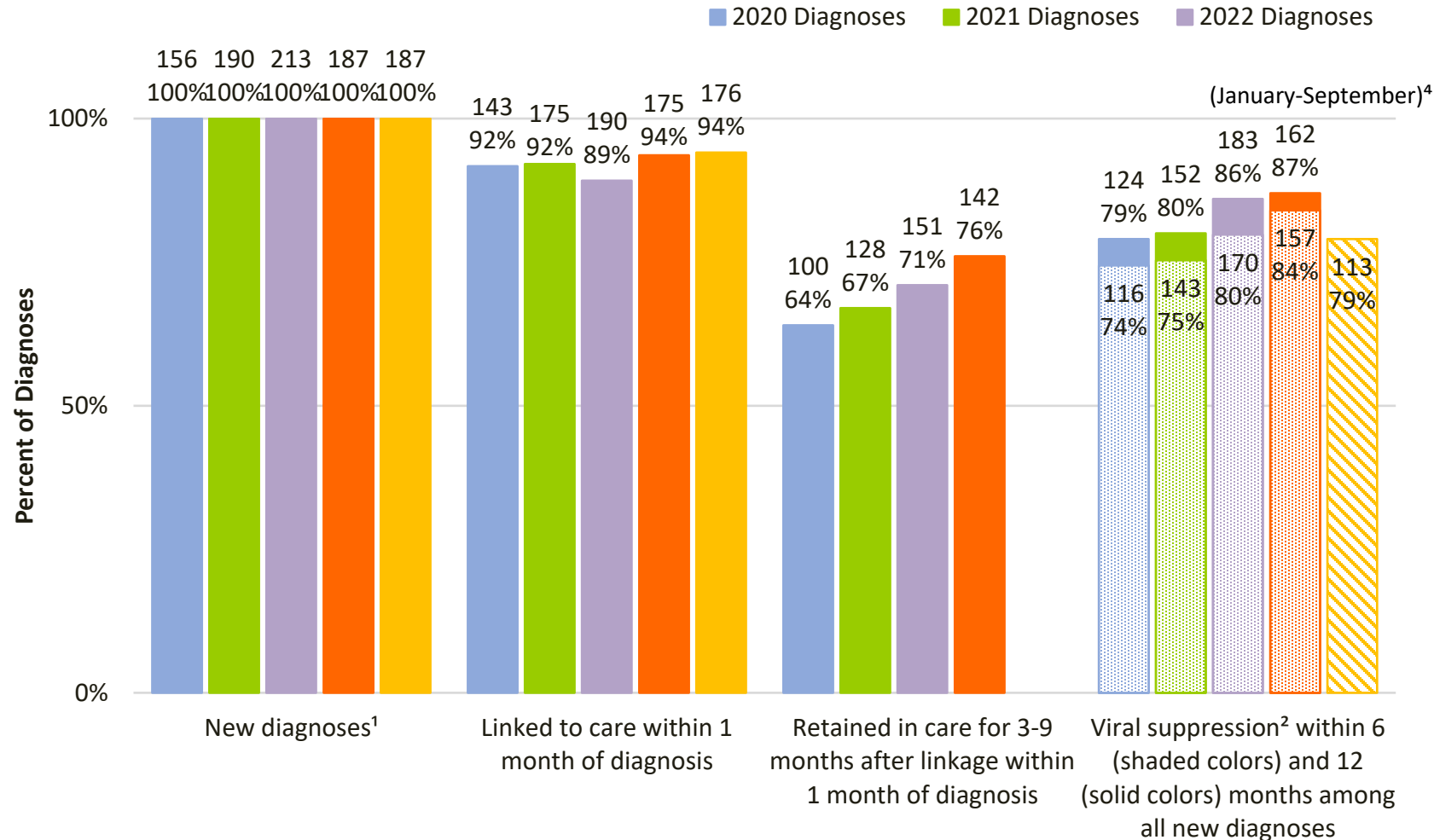
Extra Slides

Number and percent of people diagnosed with HIV who experienced homelessness at diagnosis, San Francisco



1 Includes people with HIV by year of their initial HIV diagnosis. See Technical Notes "Date of Initial HIV Diagnosis."

Continuum of HIV care among people diagnosed with HIV, San Francisco



- 97% of PLWH are aware of their diagnosis
- 94% linked to care within 1 month of diagnosis
- 76% retained in care for 3-9 months (2023 diagnoses)
- 87% virally suppressed within 12 months (2023 diagnoses)

¹ Number of new diagnoses shown each year was based on evidence of a confirmed HIV test and did not take into account for self-report of HIV infection. The proportion of people who died within 12 months of their HIV diagnosis were 5% in 2020, 1% in 2021, 3% in 2022, 1% in 2023, and 2% in 2024. All these individuals had at least one laboratory test before death.

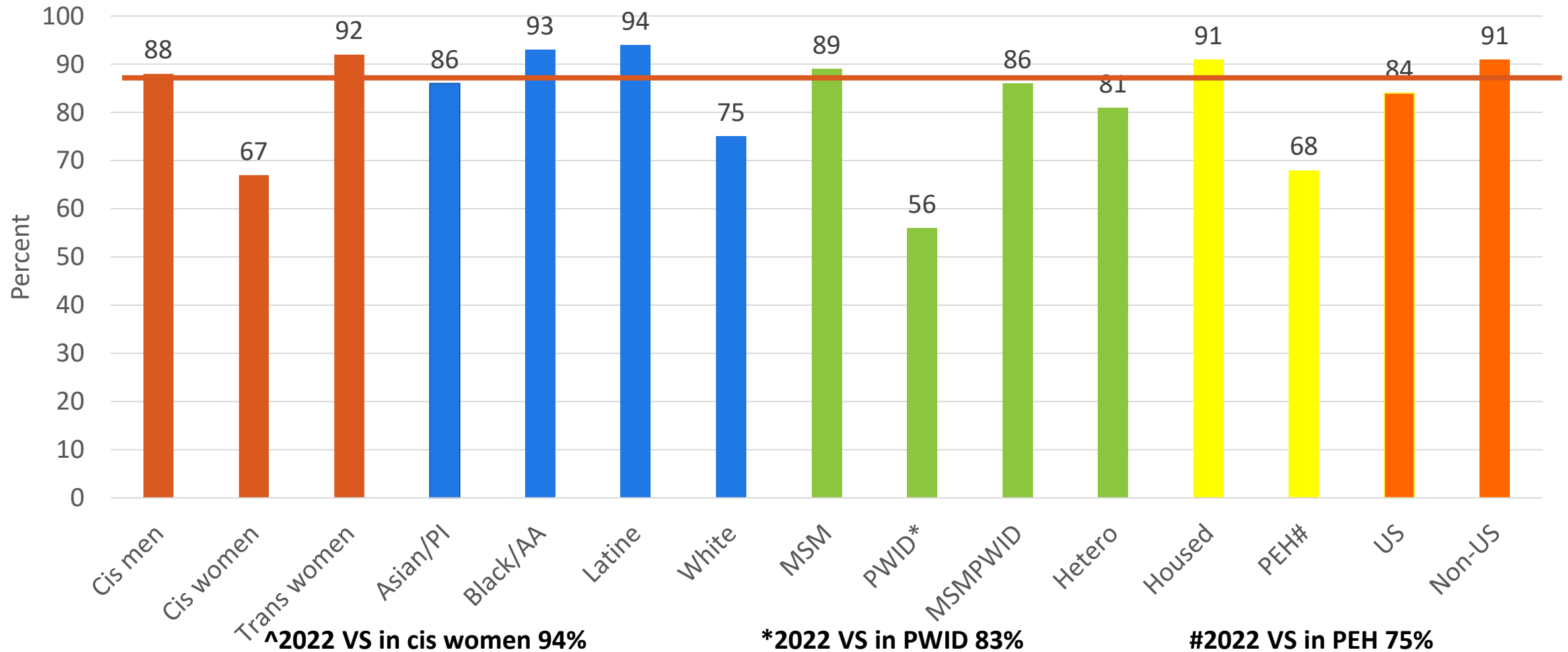
² Defined as the latest viral load test within 6 and 12 months of HIV diagnosis <200 copies/mL. See Technical Notes "HIV Care Outcomes and Definitions."

³ Retention in care and viral suppression data were not available yet for all of 2024.

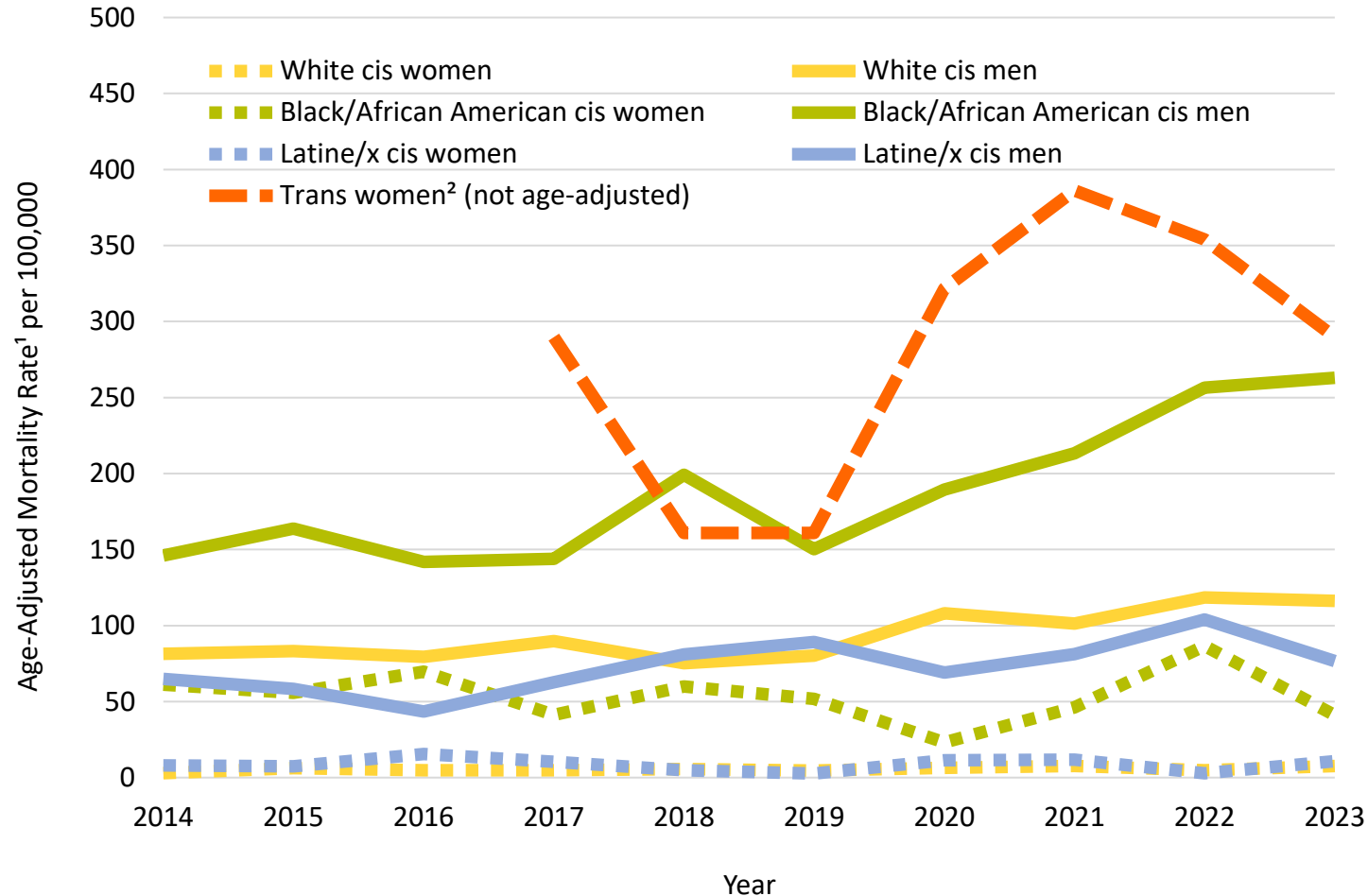
⁴ People who were diagnosed between January and September 2024 (N=143) and virally suppressed within 6 months of their HIV diagnosis.

% Virally Suppressed Within 12 Months of Diagnosis

Overall = 84%



Age-adjusted mortality rates among people aged 18 and older with HIV per 100,000 by gender and race/ethnicity, San Francisco

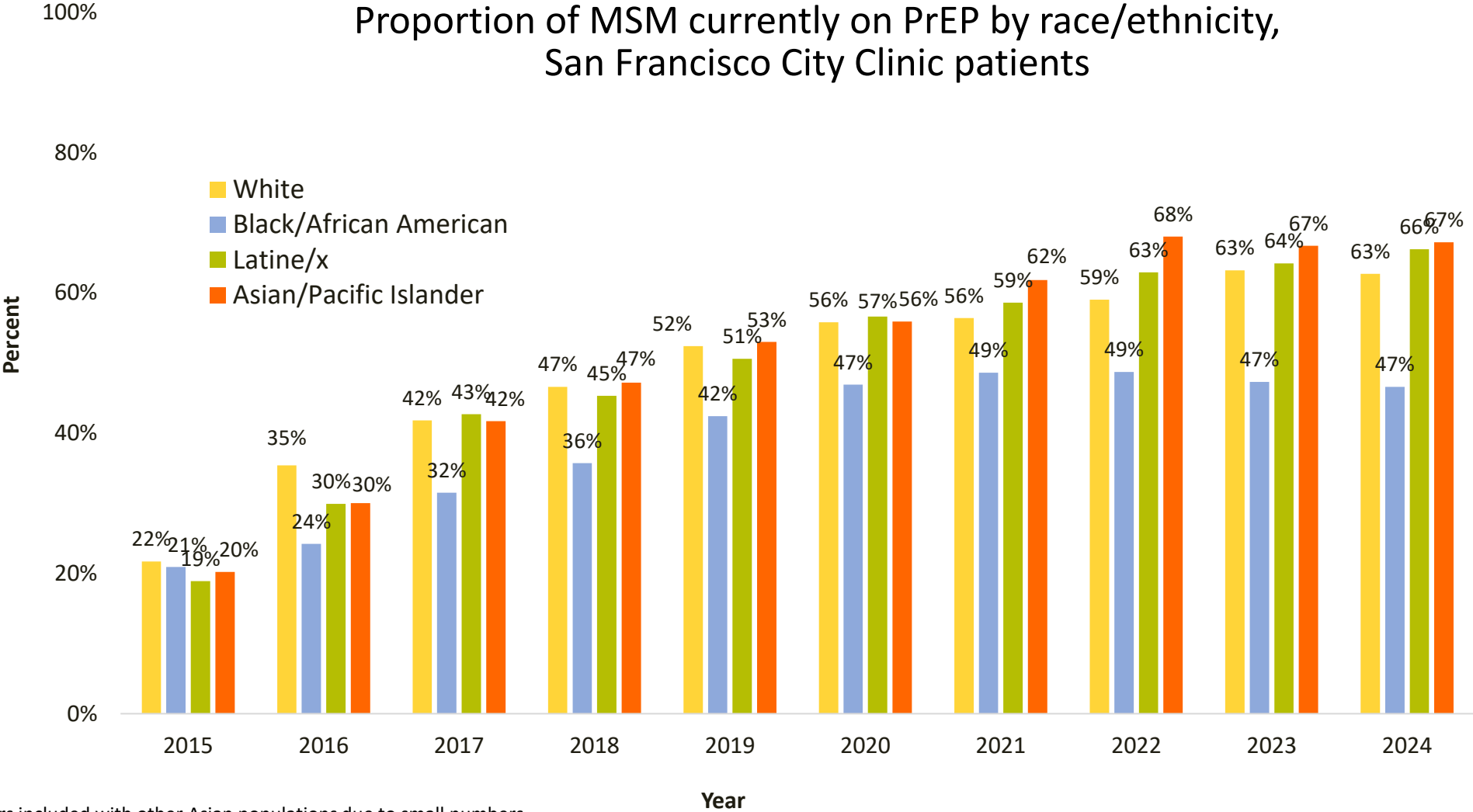


- Mortality highest in Trans women (but not age adjusted)
- Mortality next highest in Black men (rising), then White men, then Latino men, then Black women
- Death from HIV-associated causes dropped from 40% in 2012-2015 to 24% in 2020-2023
- Overdose deaths rose from 12% in 2012-2015 to 24% in 2020-2023

1 Age-adjusted mortality rates are calculated for people 18 years and older. For each race/ethnicity and gender, the number of people with HIV who died each year was divided by projected San Francisco population estimates across fourteen age groups (18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85+) to generate crude rates applied to the standard population, defined using the California population estimates from the Department of Finance. See Technical Notes for "HIV Case Rates and HIV Mortality Rates."

2 Mortality rates for trans women are not age-adjusted. Due to small numbers, trans women are not stratified by race/ethnicity and mortality rates for trans men are not calculated. San Francisco trans women population estimate from Raymond HF, Wilson EC, McFarland W. Transwoman Population Size. Am J Public Health. 2017 Sep;107(9):e12. doi: 10.2105/AJPH.2017.303964. PMID: 28787216; PMCID: PMC5551612.

PrEP use among MSM has increased, but disparities remain and Black MSM have lower use than all other groups



Pacific Islanders included with other Asian populations due to small numbers.

SF's work to address HIV and STIs is guided by our Ending the Epidemics (ETE) plan



San Francisco's Integrated Ending the Epidemics Plan

2024 – 2026 STRATEGIES AND ACTIVITIES

Serving as the HRSA/CDC-required integrated plan for the HIV Community Planning Council; SF's local strategy to align with California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; and SF's local Ending the Epidemics plan.



San Francisco
Department of Public Health

- Integrated plan that works to address the social determinants that drive the HIV, STI and HCV epidemics
- Prioritizes health equity and racial justice
- CDC funding helps support implementation of the strategies in the SF ETE plan

*SF ETE Partners:

- HIV Community Planning Council (HCPC)
- San Francisco Getting to Zero Consortium (GTZ-SF)
- HIV/AIDS Provider Network (HAPN)
- HIV Frontline Organizing Group (FOG)
- End Hep C SF
- SFDPH HIV/HCV/STI Leadership Team
- Black/African American Health Initiative (BAAHI)
- California Department of Public Health (CDPH)

Ending
the
HIV
Epidemic



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Have Good Sex

Have Good Sex launched two campaigns: ***Where My Gworks At!?*** and ***The Good and Sexy Edit***. These campaigns are designed to engage Black and Latine communities by encouraging open dialogue, promoting self-advocacy, and connecting viewers with free home-based testing kits through our media campaign at HaveGoodSex.org

Sexual Health Campaigns and Home-based Testing



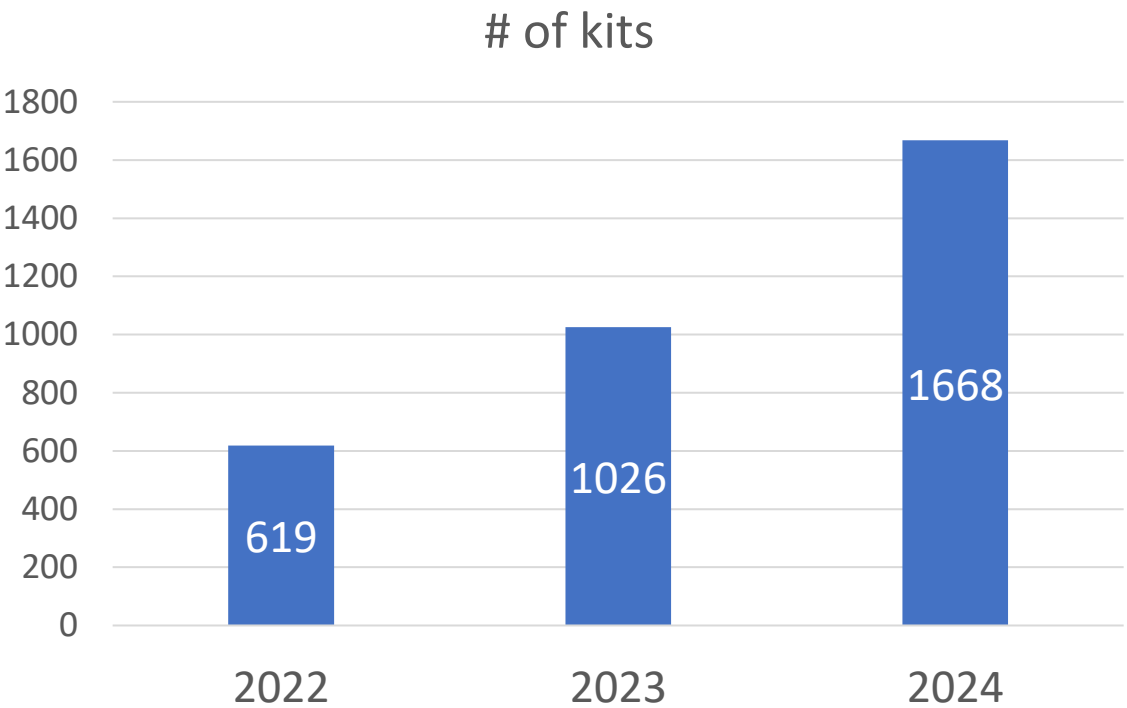
Where My Gworks at!?

The Good and Sexy Edit



Take Me Home

160% Increase in # of kits ordered from 2022 to 2024



SFDPH Citywide STI Screening Guidelines

January 2025

More frequent testing if patient reports:

- Sex with a MSM (for females)
- Hx of STI in past year
- Methamphetamine use
- Unstable housing or homelessness
- Sex work
- Intimate partner violence
- Incarceration

WOMEN			
	Chlamydia and Gonorrhea (Urogenital) ²	Syphilis ³	HIV
15- 25 years	Test every 12 months	At least one lifetime test ⁴	At least one lifetime test ⁴
Older than 25 years	Not routinely recommended ⁴	At least one lifetime test ⁴	At least one lifetime test ⁴
Pregnant	Test in 1 st trimester, repeat in 3 rd trimester if at increased risk ⁴	Test in 1 st and 3 rd trimester, and at delivery ^{5,6}	First prenatal visit, repeat in 3 rd trimester if at increased risk ⁴
<i>HIV+ Women should be screened annually for trichomoniasis (trich)</i>			

MEN WHO HAVE SEX WITH WOMEN			
	Chlamydia and Gonorrhea	Syphilis ³	HIV
15-44 years	Not routinely recommended ⁴	At least one lifetime test ⁴	At least one lifetime test ⁴
Older than 44 years	Not routinely recommended ⁴	Not routinely recommended ⁴	At least one lifetime test ⁴

MEN WHO HAVE SEX WITH MEN (MSM)			
	Chlamydia and Gonorrhea	Syphilis ³	HIV
<i>Blood</i>		Every 3 months	
<i>Rectal, Pharyngeal, and Urine⁷</i>	Every 3 months		

TRANS WOMEN AND TRANS MEN WHO HAVE SEX WITH MEN			
	Chlamydia and Gonorrhea	Syphilis ³	HIV
<i>Blood</i>		Every 3 months	
<i>Rectal & Pharyngeal⁷</i>	Every 3 months		
<i>Urine/Vaginal Swab</i>	Every 3 months		

Bicillin L-A Recall & Shortage



Actions Requested of SF Clinicians

1. **Check your clinic's Bicillin L-A stock against the list of affected lots** and discontinue using any affected lots immediately.
2. **Prioritize penicillin G benzathine (Bicillin L-A) for pregnant people and infants with syphilis infection or exposure, and those with an allergy to doxycycline.**
3. **Use doxycycline to treat non-pregnant adults with primary, secondary, early latent or late latent syphilis, or who are contacts to syphilis,** who are able to adhere to a multi-day regimen.
4. **Use alternative drugs** to treat group A strep pharyngitis and for primary rheumatic fever prophylaxis, e.g. penicillin V, amoxicillin, and azithromycin to conserve Bicillin L-A.
5. **Contact SF City Clinic** at (628) 217-6677 if you are having trouble obtaining Bicillin L-A.

Support Implementation of Doxy-PEP and HIV PrEP

EL DEPARTAMENTO DE SALUD PUBLICA DE SAN FRANCISCO

Lo Esencial de la PrEP inyectable



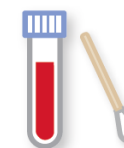
La PrEP es segura y puede reducir el riesgo de contraer VIH en más del 99%.



Recibirá inyecciones una vez al mes durante los primeros 2 meses. Luego cada 2 meses.



La protección contra el VIH comienza 7 días después de la primera inyección.



Le harán pruebas de VIH y ITS en sus visitas a la clínica.



Informe a su proveedor si piensa suspender o reiniciar la PrEP.



Doxy-PEP prescribing guide for San Francisco providers

What is doxy-PEP?

Doxycycline post-exposure prophylaxis (doxy-PEP) consists of using **doxycycline 200 mg within 72 hours after oral, anal, or vaginal/front-hole sex to prevent the acquisition of chlamydia, gonorrhea, and syphilis.**

Clinical trials have shown doxy-PEP to be effective among men who have sex with men (MSM) and trans women, with reductions in chlamydia and syphilis ranging from 74–88%.^{1,2} Efficacy against gonorrhea is lower. Doxy-PEP does not prevent HIV, mpox (monkeypox), or other viral infections.

Who can take doxy-PEP?

Recommend doxy-PEP to cis men, trans women, and other gender-diverse people who were assigned male sex at birth, who in the past year:

- had condomless anal or oral sex with ≥ 1 partner who was assigned male sex at birth, and
- had a bacterial STI.

Offer doxy-PEP using shared decision-making to cis men, trans women, trans men, and other gender-diverse patients (of any sex assigned at birth) who in the past year:

- did not have an STI but had condomless anal or oral sex with ≥ 2 partners assigned male sex at birth, regardless of STI history.

More data is needed on the efficacy of doxy-PEP for vaginal/front-hole protection.

- The only study to date among cis women did not find doxy-PEP effective at preventing STIs, possibly due to adherence.³

When prescribing doxy-PEP to patients who have receptive vaginal/front-hole sex, providers should counsel patients about the lack of efficacy data, recommend against doxy-PEP use during pregnancy, and reinforce the importance of adherence.

Dosing and prescribing guidance

- **200 mg of doxycycline taken as soon as possible** after condomless oral or anal sex, but **no later than 72 hours afterward.**
- **Doxycycline can be taken every day** depending on frequency of sexual activity, but **no more than 200 mg within a 24-hour period.**
- **Acceptable formulations:**
 - Doxycycline hyclate or monohydrate **immediate release 100 mg** (2 tabs taken together)
 - Doxycycline hyclate **delayed release 200 mg** (1 tab), but typically much costlier
- **Example Rx:** doxycycline 100 mg, #60, 1 refill, take 2 capsules (200 mg) by mouth as needed ASAP after condomless sex, and no later than 72 hours after. Do not take more than 200 mg in a 24-hour period.
- **ICD-10 diagnosis code Z20.2** (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).

About Doxy-PEP

What is doxy-PEP?

- Doxy-PEP means taking the antibiotic doxycycline after sex to prevent getting a sexually transmitted infection (STI). It is like a morning-after pill but for STIs.
- It is highly effective at preventing syphilis and chlamydia. It may prevent gonorrhea, but not as well.
- Talk with your provider about whether doxy-PEP is right for you.

When to take it

- Take two 100 mg pills of doxycycline as soon as possible after condomless sex, but no later than 72 hours after. Taking it as soon as possible may help it work better. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom isn't used for the entire time.
 - If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex, but don't take more than 200 mg (two 100 mg pills) every 24 hours.

How to take it

- Take doxycycline with plenty of fluids and do not lie down for at least 15 minutes after taking it, so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.
- Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- Avoid dairy products, calcium, antacids, or multivitamins 2 hours before or after taking doxycycline.
- **Do not take doxy-PEP when pregnant.**

Doxy-PEP prevents syphilis and chlamydia

doxycycline.org/doxy-pegp