

CDC Clinical Guidelines For Risk Reduction of STIs/HIV (New and Improved)

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(she/they)
Adolescent Health Clinical Consultant
NM Alliance for School-Based Health Care

Thanks to Dr. Gina Fullbright DNP of NM DOH for
her slides on doxy PEP!



Financial disclosure

- No relevant disclosures

Learning bursts + workflow Wednesdays!

APR

21

MONDAY

CDC CLINICAL GUIDELINES FOR RISK REDUCTION OF STIS/HIV (NEW AND IMPROVED)

3:00 pm – 3:30 pm

Join us for a NMASBHC Learning Burst! CEUs/CMEs available for those who attend live. Recordings will be available on our website 2 weeks after the live Learning Burst. Recordings available here. Objectives: Register Here

APR

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WEDNESDAY

WALK IN PREGNANCY TEST: WORKFLOW TO HELP SBHC STAFF PROVIDE SERVICES WHEN CLINICIANS ARE NOT PRESENT

11:00 am – 11:30 am

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Or visit

www.nmasbhc.org/our-work/events-training/

CME/CE Available

Live attendance only

Video Recordings

*Available 2 weeks after
live session*

Can't wait for you to join us!

Email our Adolescent Health Clinical Consultant, Jen Robinson, Jen@nmasbhc.org to setup additional trainings for your team or to schedule a 1:1 technical assistance call.



Save the Date

REPRODUCTIVE & SEXUAL HEALTH TRAINING

07. 24. 2025



- X Created for all clinic staff
- X In-person full day training
- X Free CME/CE
- X Breakfast and lunch provided



**NORTHERN
NEW MEXICO**

Location TBD

Brought to you by NMASBHC & UNM
Contraception Mentoring Program

Scan me



For details and to register for this free event follow the QR code.



Learning objectives

1. Identify components of gender-inclusive sexual health history taking
2. Review updated STI screening and risk reduction recommendations
3. Discuss STI treatment resources and strategies

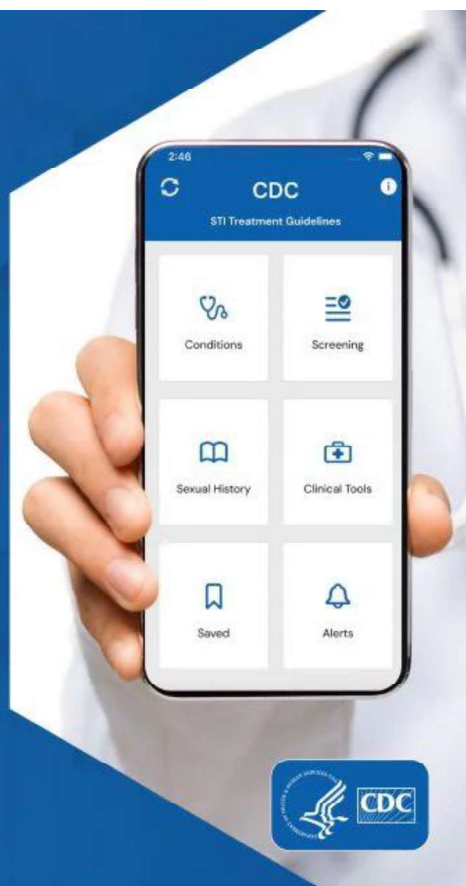


Download me!
(New app
as of 2021)

STI Treatment Guide Mobile App

More Comprehensive
More Integrated
More Features

Download CDC's free app for
iPhone and Android devices.



Case one: Avery

- 18 year old
- “I want to be tested for everything”
- Presents to clinic with a male partner



Taking an Inclusive Sexual History – the Ps

- **P**ronouns
- **P**arts
- **P**artners
- **P**actices (& **P**revention)
- **P**regnancy (& Intention)



References

Savoy, et al. 2020
[Bedsider.org](https://bedsider.org)

Beyond “men, women, or both”!

- **Explain *why* you are asking questions about sexual history.**
 - “I talk to all my patients about sex to help them get the care they need.
 - Some people may feel uncomfortable, and that’s ok.
 - You can always ask to skip a question or tell me if you want to stop.
 - *What questions or concerns do you have about that?”*
- **Be okay with a “no”**



Avery (they/them)

- 18 year old
- Nonbinary, uses they/them pronouns
- Designated male at birth
- Makes sperm
- Does not want to discuss pregnancy prevention



Avery (they/them)



- Has a new cis male partner (produces sperm)
- Avery has receptive sex in their back hole – usually with condoms
- **...Any other questions for Avery...?!?!?**

Avery (they/them)

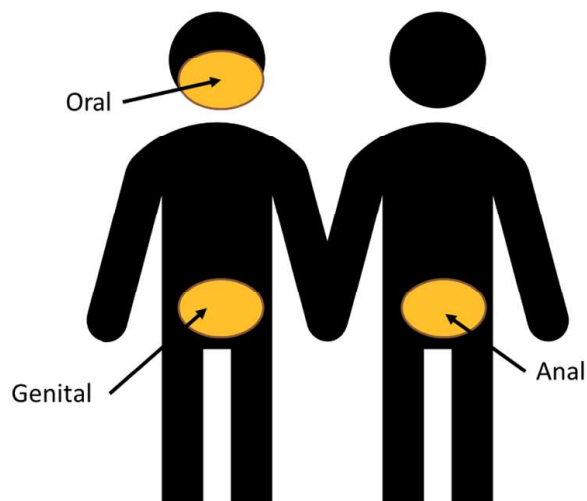
- Avery reports giving oral sex to their partner



What Sites to Screen? #NormalizeExtragenitalTesting

- **All sexually exposed anatomical sites**


- Urethra (for people with penises)
- Cervix
- Rectum
- Pharynx



How to Test?




Self-obtained swabs are acceptable and often preferred

How to Self Swab



- 1 Wash hands and then put on the provided gloves.
- 2 Remove swab(s) from packaging and hold with the tip up.
- 3 Get in a comfortable position that allows access to your anus and part your buttocks.

How to Self Swab



- 4 Gently insert the swab(s) about 1-inch.
- 5 Twist the swab(s) a few times and gently move it side to side, then remove.
- 6 Follow the instructions for placing the swab(s) in the right tubes.

How to test?

Self-obtained swabs are acceptable and often preferred



Free patient self-swabbing instructions

Free!

Pharyngeal

Rectal

Vaginal

Available in 21 languages!

Order at: <https://www.uwptc.org/visual-guides>



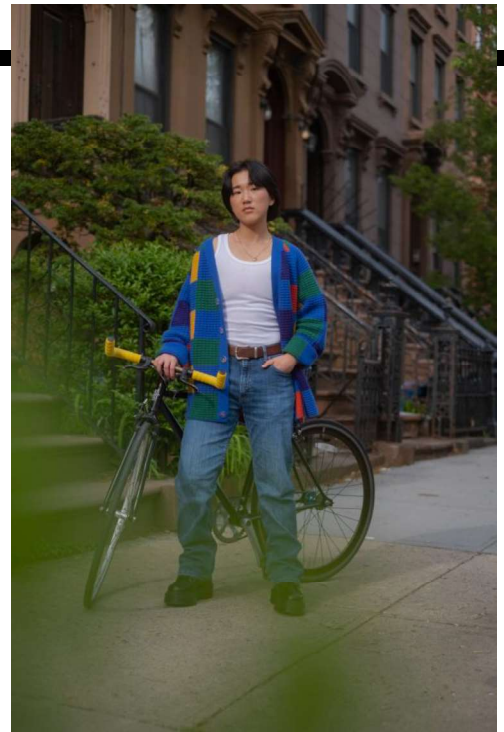
Denver
PREVENTION
TRAINING CENTER



National STD
Curriculum

Avery (they/them)

- Screened for chlamydia + gonorrhea – self swab in back hole, nurse collects pharyngeal swab
- Offered HIV and syphilis screening, Avery declined due to fear of needles
- Offered condoms and lube



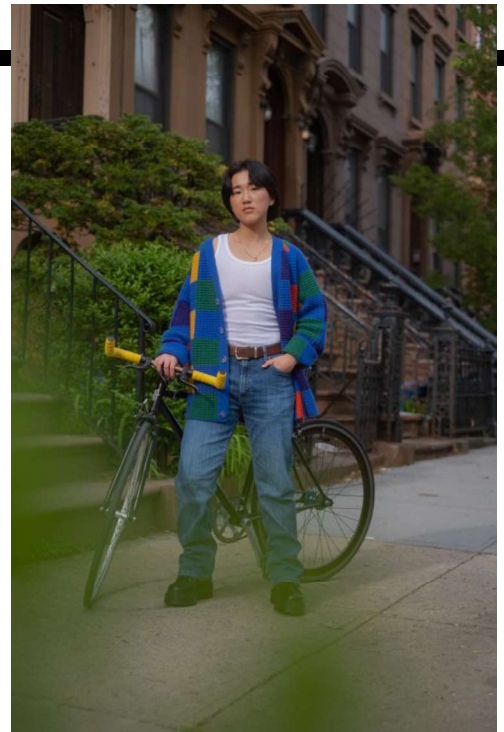
Avery's lab
results arrive two
days later...

Positive Rectal
Negative Pharyngeal



Avery (they/them)

- Called back into clinic
- Review results and need for treatment
- Avery says “But I don’t have any symptoms and neither do my partners!”



Explain why we screen asymptomatic people!!

- Screen to prevent sequelae
- Even if NO symptoms
- Remember the 3 sites! genital and **extragenital testing**

CHLAMYDIA CAN LOOK LIKE THIS...



PAIN WHILE URINATING



ABDOMINAL PAIN



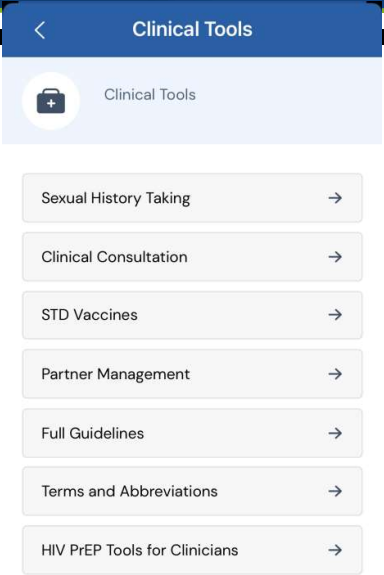
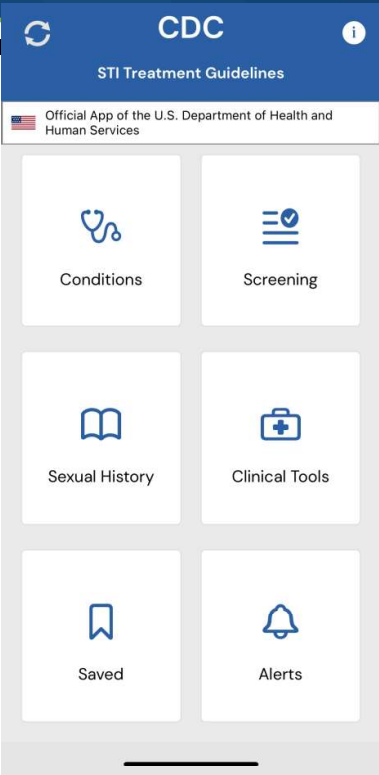
UNUSUAL DISCHARGE

OR IT CAN LOOK LIKE THIS...

ABOUT 70% OF INFECTED FEMALES AND 50% OF INFECTED MEN DON'T HAVE OBVIOUS SYMPTOMS.

WWW.LETSTALKABOUTIT.NHS.UK

Expedited partner therapy – it’s a thing!



NM DOH EPT
Guidelines:



Need consultation? Contact a specialist from

Management of Sex Partners

- **Testing for partners! (don't forget HIV and syphilis!)**
- Expedited partner therapy (EPT)
- How to write a rx if in clinic dispensing not available

Recommended EPT Regimens

For chlamydia:

- Doxycycline 100 mg PO BID x 7 days is preferred unless the partner is pregnant
- Azithromycin 1 gm PO x 1 is less effective, especially for rectal chlamydia, but can be used in partners who are pregnant or unlikely to adhere to a 7-day course of therapy

For gonorrhea:

- Cefixime 800 mg PO x 1

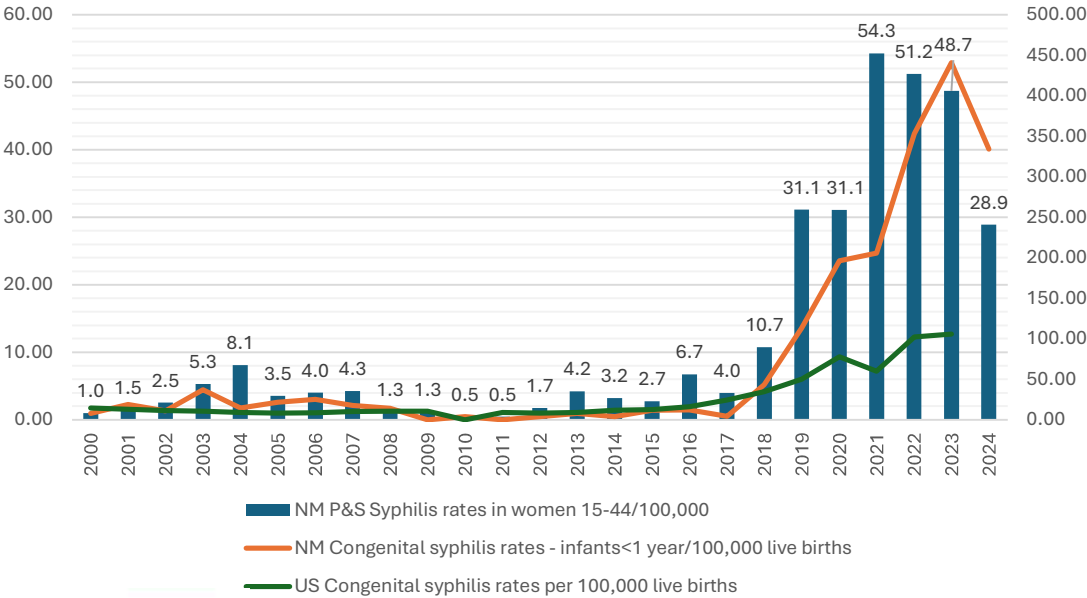
For trichomoniasis:

- Partner(s) at risk of cervicovaginal infection: Metronidazole 500 mg PO BID x 7 days
- Partner(s) at risk of penile infection: Metronidazole 2 gm orally x 1

NM Landscape



Congenital Syphilis rates in infants<1 year, per 100,000 live births, New Mexico and US, and Primary and Secondary Syphilis rates in women aged 15 - 44, per 100,000 population New Mexico, 2000 - 2024



PUBLIC HEALTH ORDER NEW MEXICO DEPARTMENT OF HEALTH SECRETARY
PATRICK M. ALLEN
OCTOBER 17, 2024



IT IS THEREFORE ORDERED THAT:

1. All medical practitioners shall ensure the following testing upon consent of the patient:
 - a. **Adults aged 18 to 50 should be screened at least once in the next 12 months, or more often as recommended based on individual risk or pregnancy status**
 - b. Syphilis testing for all pregnant people in their first trimester (or initial prenatal visit)
 - c. Syphilis testing for all pregnant people in their 3rd trimester (between 28-32 weeks gestational age)
 - d. Syphilis testing for all pregnant people at delivery
 - e. Syphilis testing for all pregnant people who present to an urgent care center or an emergency room if the patient has not received prior prenatal care
 - f. Syphilis testing of people with an intrauterine fetal demise at any gestational age
 - g. Syphilis testing for all pregnant people at correctional facilities, including prisons, jails, and juvenile detention centers, at the intervals and events ordered herein.
- **THIS ORDER** supersedes any previous order, proclamation, or directives to the extent they are in conflict. This Public Order shall take effect immediately and remain in effect until such time as it automatically expires one year from the date of issuance, or until such time as the NMDOH Cabinet Secretary rescinds it.



Avery (they/them) – starts doxy in clinic, given rest of rx to take home



- Current partner comes in to clinic for EPT
- Ex has EPT rx sent to pharmacy
- **Recommend HIV and syphilis screening (again)**

Counseling and Education – Dot phrases are your friends

- Resuming sexual activity
- Partner notification
- Follow-up testing
- Complications of chlamydial infection
- STI prevention and screening

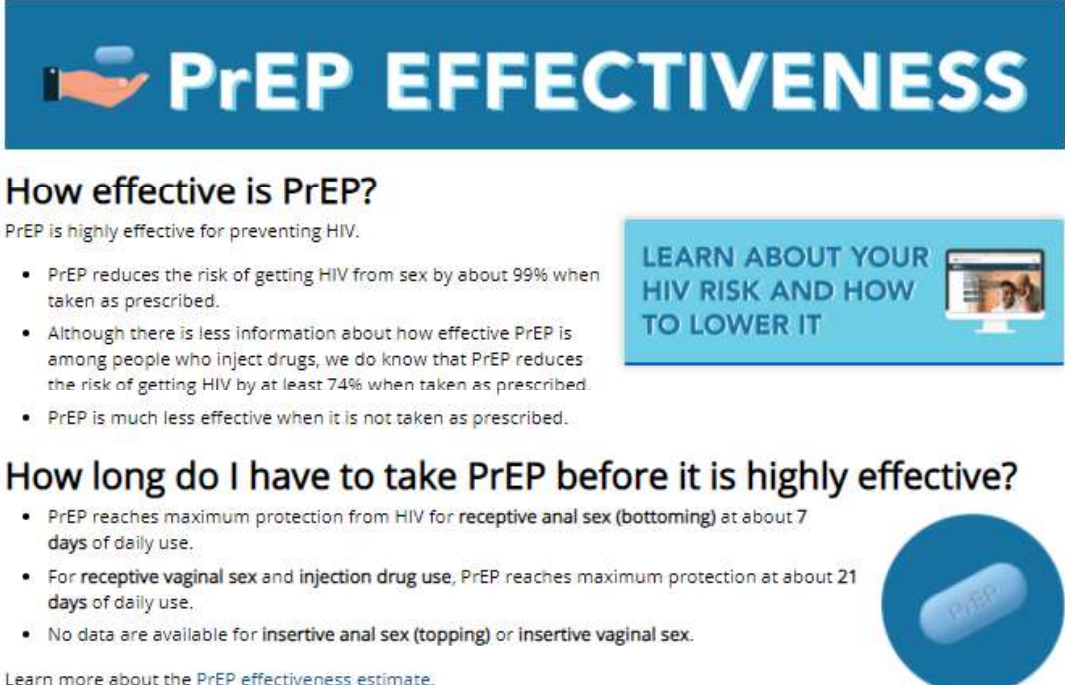


Avery (they/them)



- “Is there anything else I can do to reduce the risk of getting a STI in the future?”

Pre-exposure prophylaxis – reduce HIV risk



PrEP EFFECTIVENESS

How effective is PrEP?

PrEP is highly effective for preventing HIV.

- PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed.
- Although there is less information about how effective PrEP is among people who inject drugs, we do know that PrEP reduces the risk of getting HIV by at least 74% when taken as prescribed.
- PrEP is much less effective when it is not taken as prescribed.

How long do I have to take PrEP before it is highly effective?

- PrEP reaches maximum protection from HIV for **receptive anal sex (bottoming)** at about 7 days of daily use.
- For **receptive vaginal sex** and **injection drug use**, PrEP reaches maximum protection at about 21 days of daily use.
- No data are available for **insertive anal sex (topping)** or **insertive vaginal sex**.

Learn more about the [PrEP effectiveness estimate](#).

LEARN ABOUT YOUR HIV RISK AND HOW TO LOWER IT

PrEP



DECIDING TO TAKE PrEP

Is PrEP right for me?

PrEP may be right for you if you test negative for HIV, and any of the following apply to you:

LEARN ABOUT YOUR
HIV RISK AND HOW
TO LOWER IT



You have had **anal or vaginal sex** in the past 6 months and you

- have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load),
- have not consistently used a condom, or
- have been diagnosed with an STD in the past 6 months.



You **inject drugs** and you

- have an injection partner with HIV, or
- share needles, syringes, or other equipment to inject drugs (for example, cookers).



You have been **prescribed PEP** (post-exposure prophylaxis) and you

- report continued risk behavior, or
- have used multiple courses of PEP.

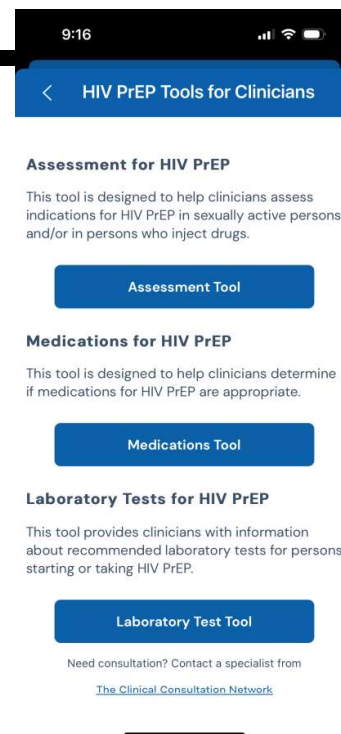
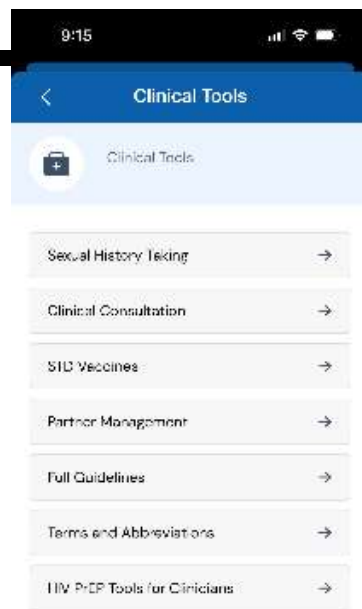


If you are a woman and have a partner with HIV and are considering getting pregnant, talk to your doctor about PrEP if you're not already taking it. PrEP may be an option to help protect you and your baby from getting HIV while you try to get pregnant, during pregnancy, or while breastfeeding.

Can adolescents take PrEP?

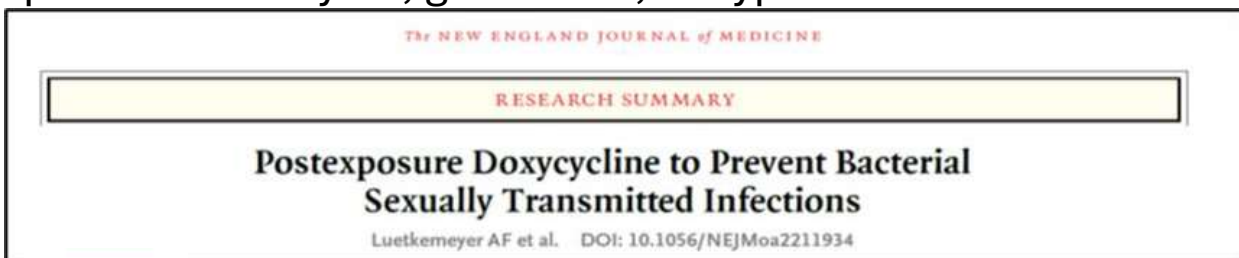
Yes. PrEP is approved for use by adolescents without HIV who weigh at least 75 pounds (35 kg) and who are at risk for getting HIV from sex or injection drug use.

CDC STI Updates 2021



Doxy-PEP= Doxycycline Post Exposure Prophylaxis

- Early studies show
 - reduced risk of [syphilis](#) and [chlamydia](#) by **80% or more**
 - reduced risk of [gonorrhea](#) by **50%**.
- Strategy of taking the antibiotic doxycycline
 - after condomless oral or anal sex
 - to prevent chlamydia, gonorrhea, or syphilis.



Hot off the Press!!

- Kaiser Permanente Northern California
- 2253 HIV Prep users
 - 2228 Male
- >18 years of age
- Nearly 50% had an STI in the year prior to starting doxy-PEP
 - 681 chlamydia
 - 664 gonorrhea
 - 120 syphilis



Research

JAMA Internal Medicine | Original Investigation

Doxycycline Postexposure Prophylaxis and Bacterial Sexually Transmitted Infections Among Individuals Using HIV Preexposure Prophylaxis

Michael W. Traeger, PhD, MSc; Wendy A. Leyden, MPH; Jonathan E. Volk, MD; Michael J. Silverberg, PhD; Michael A. Horberg, MD; Teaniese L. Davis, PhD; Kenneth H. Mayer, MD; Douglas S. Krakower, MD; Jessica G. Young, PhD; Samuel M. Jenness, PhD; Julia L. Marcus, PhD

IMPORTANCE Doxycycline postexposure prophylaxis (doxyPEP) has been shown to decrease the incidence of bacterial sexually transmitted infections (STIs) among people assigned male sex at birth in clinical trials, but data from clinical practice are limited.

OBJECTIVE To describe early uptake of doxyPEP and evaluate changes in STI incidence following doxyPEP initiation.

DESIGN, SETTING, AND PARTICIPANTS This retrospective cohort study of adults (aged ≥18 years) dispensed HIV preexposure prophylaxis (PrEP) at Kaiser Permanente Northern California during November 1, 2022, to December 31, 2023, examined electronic health record data to compare HIV PrEP users dispensed and not dispensed doxyPEP and rates of bacterial STIs before and after starting doxyPEP. Individuals were followed up from their first recorded STI test on or after November 1, 2020, until December 31, 2023, or discontinuation of health plan membership.

EXPOSURE Pharmacy dispensing data were used to define doxyPEP recipients.

MAIN RESULTS AND MEASURES Demographic and clinical characteristics were compared between individuals dispensed and not dispensed doxyPEP. Primary outcomes were incident chlamydia, gonorrhea, or infectious syphilis measured as quarterly STI positivity (proportion of individuals testing positive at least once per quarter). Among doxyPEP recipients, rate ratios (RRs) compared mean quarterly STI positivity from 24 months before to 12 months after starting doxyPEP. In an exploratory analysis, STI trends were evaluated for the full cohort, stratified by receipt of doxyPEP.

RESULTS Among 11 551 HIV PrEP users (mean [SD] age, 39.9 [12.1] years; 95.1% male), 2253 (19.5%) were dispensed doxyPEP, of whom 2228 (98.9%) were male and 1096 (48.6%) had an STI in the year before starting doxyPEP. Compared with individuals not dispensed doxyPEP, doxyPEP recipients were older (mean [SD] age, 40.4 [10.8] vs 39.8 [12.4] years; $P = .04$) and had used HIV PrEP longer (mean [SD], 4.2 [2.8] vs 3.4 [2.6] years; $P < .001$), and a higher proportion were commercially insured (2091 [92.8%] vs 8270 [88.9%]; $P < .001$). Among doxyPEP recipients, quarterly chlamydia positivity decreased from 9.6% (95% CI, 9.0%-10.3%) before starting doxyPEP to 2.0% (95% CI, 1.5%-2.6%) after starting doxyPEP (RR, 0.21; 95% CI, 0.16-0.27; $P < .001$), with significant declines for each anatomic site of infection. Quarterly gonorrhea positivity decreased from 10.2% (95% CI, 9.6%-10.9%) before starting doxyPEP to 5.0% (95% CI, 4.6%-5.4%) after starting doxyPEP (RR, 0.88; 95% CI, 0.77-1.01; $P = .04$); site-specific declines were significant for rectal (RR, 0.81; 95% CI, 0.67-0.97; $P = .02$) and urethral (RR, 0.56; 95% CI, 0.40-0.79; $P = .001$) gonorrhea, but not pharyngeal gonorrhea. Quarterly syphilis positivity decreased from 1.7% (95% CI, 1.4%-1.9%) before starting doxyPEP to 0.3% (95% CI, 0.2%-0.6%) after starting doxyPEP (RR, 0.20; 95% CI, 0.11-0.37; $P < .001$). Positivity for STIs remained stable in individuals not dispensed doxyPEP.

CONCLUSIONS AND RELEVANCE This study found that receipt of doxyPEP was associated with substantial declines in chlamydia and syphilis incidence and modest declines in urethral and rectal gonorrhea incidence among individuals using HIV PrEP. These findings suggest that doxyPEP may offer substantial benefits for reducing population-level STI transmission with broader implementation.

JAMA Intern Med. doi:10.1001/jamainternmed.2024.7186
Published online January 6, 2025.

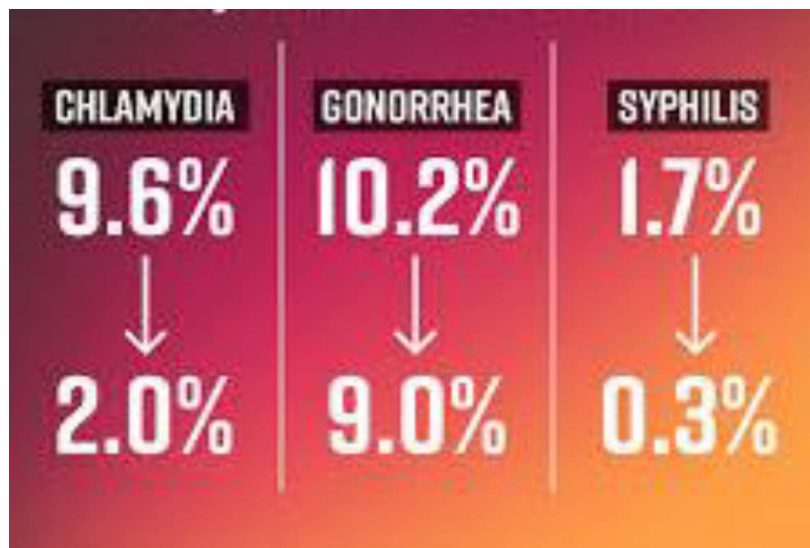
Traeger, M. et al., 2025 JAMA

[Invited Commentary](#)
[Related article](#)
[Supplemental content](#)

Author Affiliations: Author affiliations are listed at the end of this article.

Corresponding Author: Michael W. Traeger, PhD, MSc, Department of Population Medicine, Harvard Pilgrim Health Care Institute, 401 Park Dr, Ste 401E, Boston, MA 02215 (michael.traeger@hphci.harvard.edu).

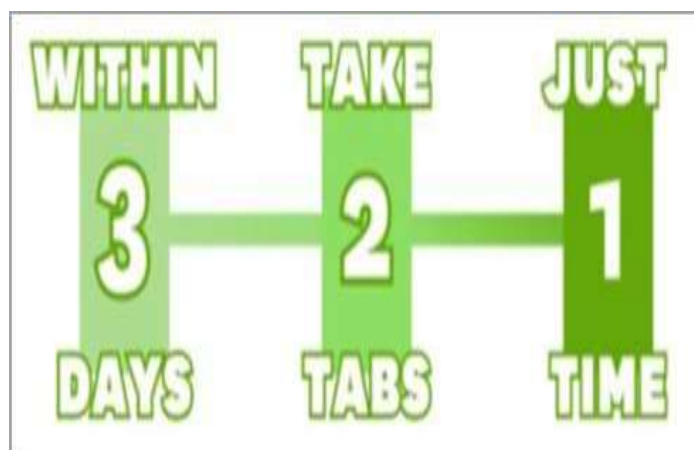
Doxy-PEP decreases bacterial STI rates



Summary of Doxy-PEP Efficacy

- **Doxy-PEP WORKS!**
 - Especially for chlamydia and syphilis (less so for GC)
 - Well studied in MSM and TGW
- Data is limited or lacking for other groups
 - Lack of efficacy in AFAB seems likely to *adherence*
 - New studies underway
- No protection for the “**H**’s”
 - **HPV, HSV, HIV, Hepatitis, and Mpox**

Providing Doxy-PEP



Counseling & Instructions: Doxy-PEP

- Timing
 - Ideally within 24 hours no later than 72
 - No more than one 200 mg dose in 24 hours
- Interactions
 - Dairy/calcium
- Possible side effects
 - GI-nausea, vomiting, pain
 - Sun sensitivity
 - Esophagitis

What is Doxy-PEP? (Postexposure Doxycycline)

Doxy-PEP is when a person takes the antibiotic pill doxycycline after having sex to prevent getting Sexually Transmitted Infections (STIs). It is like a morning after pill but for STIs. Taking doxy-PEP lowers your chance of developing diseases like syphilis, gonorrhea, and chlamydia by 66%. Doxy-PEP has been shown to be effective in men who have sex with men and transgender women, but not in cisgender women.

When should I take doxy-PEP?

Take 200mg of doxycycline (two 100mg pills taken together) within 24 hours but no later than 72 hours after condomless sex. Condomless sex means oral, anal or vaginal/front-hole sex where a condom is not 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 do not take more than 200mg every 24 hours.

How should I take doxy-PEP?

Take doxycycline with plenty of water or something else to drink 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.

What are we still learning about doxy-PEP?

Some of the things we are still learning about doxy-PEP are:

- How it affects normal or good bacteria in our intestines and on our skin.
- If doxy-PEP increases resistance in bacteria that cause sexually transmitted infections (STIs).
- If doxy-PEP is effective for cisgender women.

While chlamydia and syphilis aren't resistant to doxycycline after decades of use, about 25% of gonorrhea in the United States are resistant to doxycycline. This means the medication might not work against every gonorrhea bacteria.

Doxy-PEP does not protect you from Mpox, HIV, or other viral infections. You should not take doxy-PEP if you are pregnant.

Please continue to get tested for STIs every 3 months and whenever you have symptoms.

Talk to your local public health office about doxy-PEP

Address: _____

Phone: _____

NMDOH
New Mexico Department of Health
May 2023

Follow-up

- Screen for STIs every 3 months
 - All potentially exposed sites
- Treat any STI according to STI Treatment Guidelines ([cdc.gov](https://www.cdc.gov))
- Ongoing counseling
- Consider periodic lab work: LFTs, renal function, CBC



Lingering Questions: Doxy-PEP

- Antibiotic Resistance

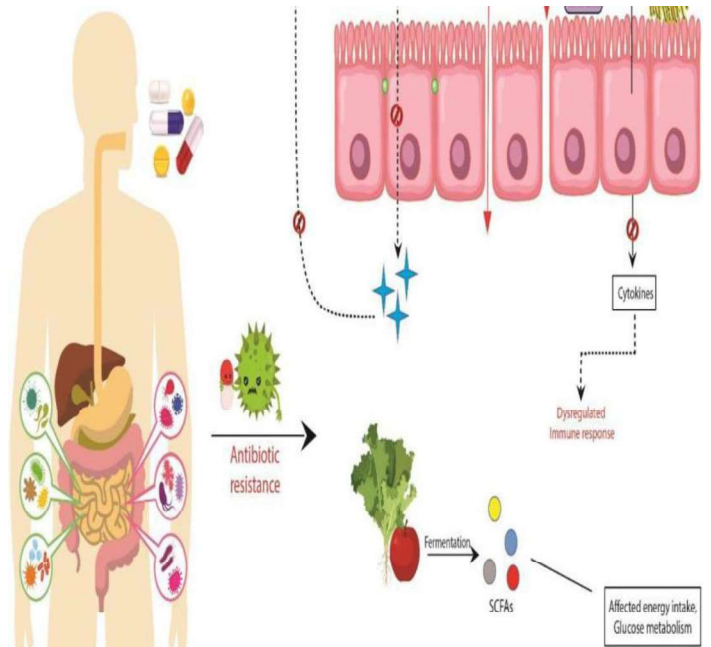
- GC, *Staph aureus*, MRSA
- Could induce resistance
- Unclear what the clinical implications would be (Doxy not used to treat GC)
- Doxycycline remains 100% effective for *T. pallidum* & *C. trachomatis*.

- Effects on Gut Microbiome

- Good bacteria vs. bad bacteria
- “Doxy-PEP use over 6 months did not significantly alter bacterial microbiome diversity of total bacterial abundance” (Chu et al-Poster CROI 2024)

Lingering Questions Summary: Doxy-PEP

- While there are lingering questions about antimicrobial resistance & the gut microbiome...
- Those concerns *do not* necessarily outweigh the potential **benefits** of doxy-PEP given STI epidemics



NM DOH Health Advisory Notice: Doxy-PEP



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary



NEW MEXICO HEALTH ALERT NETWORK (HAN)
Doxycycline Post-Exposure Prophylaxis (doxy-PEP) for the Prevention of
Bacterial Sexually Transmitted Infections
August 23, 2023



Recommendations for clinicians
Prescribing Doxy-PEP
Evidence
Safety



Take home points







- #NormalizeExtragenitalTesting
- Routinely offer syphilis and HIV screening
- Use CDC STI app + resources
- Reach out to Jen with questions and/or to discuss implementation issues!

jarobinson@salud.unm.edu

UNM Contraception Mentoring Program Webinar Series

One hour free CME/CEU
per session!



FEB 26		Abnormal Uterine Bleeding & Contraceptive Management Online event Wednesday, February 26, 2025 at 4:00 PM MST
MAR 26		Emergency Contraception Online event Wednesday, March 26, 2025 at 4:00 PM MDT
APR 30		Premenstrual Disorders and Contraceptive Management Online event Wednesday, April 30, 2025 at 4:00 PM MDT
MAY 28		Perimenopause and Contraception Online event Wednesday, May 28, 2025 at 4:00 PM MDT

REGISTER HERE



NM DOH Nurse Helpline: **1-833-SWNURSE**

Navigate patients to care

Help providers connect with
next steps re:

- STI guidelines
- Reproductive health
- Vaccines
- + more!



NM DOH STI Online Resource Guide



The online resource guide will help you find the services you need. Use as many of the form fields below as needed to search for a provider that will suit your needs.

- ☐ HIV Testing and Prevention
- ☐ PrEP for HIV (pre-exposure prophylaxis)
- ☐ HIV/AIDS care and treatment services
- ☐ STD testing and services
- ☐ Hepatitis services
- ☐ Syringe services/harm reduction
- ☐ Overdose prevention/Naloxone
- ☐ Syringe dropbox
- ☐ PEP (post-exposure prophylaxis)



Learning bursts + workflow Wednesdays!

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Or visit

www.nmasbhc.org/our-work/events-training/

CME/CE Available

Live attendance only

Video Recordings

Available 2 weeks after live session

Can't wait for you to join us!

Email our Adolescent Health Clinical Consultant, Jen Robinson, Jen@nmasbhc.org to setup additional trainings for your team or to schedule a 1:1 technical assistance call.



Save the Date

REPRODUCTIVE & SEXUAL HEALTH TRAINING

07. 24. 2025



- ✗ Created for all clinic staff
- ✗ In-person full day training
- ✗ Free CME/CE
- ✗ Breakfast and lunch provided



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Location TBD

Brought to you by NMASBHC & UNM
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Scan me



For details and to register for this free
event follow the QR code.





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