



Supporting Information 1

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Bell SFE, Sweeney EL, Kong FYS, et al. Response to the ASHM 2023 statement on the use of doxy-PEP in Australia: considerations and recommendations. *Med J Aust* 2024; doi: 10.5694/mja2.52255.

Comparison of currently available documents providing clinical guidance for doxycycline post-exposure prophylaxis (Doxy-PEP) for the prevention of bacterial sexually transmitted infections

Author	Government of Alberta ¹	The British Association for Sexual Health and HIV / United Kingdom Health Security Agency ²	San Francisco Department of Public Health ³	International Antiviral Society-USA Panel ⁴	California Department of Health ⁵	Public Health Seattle and King County ⁶	New Mexico Department of Health ⁷	State Of Michigan Department of Health and Human Services ⁸	New York State Department of Health AIDS Institute ⁹	Australasian Society for HIV Medicine (ASHM) ¹⁰	European AIDS Clinical Society (EACS) ¹¹	Centers for Disease Control and Prevention (CDC) ^{12#}
Date	2019 Mar	2022 Apr	2022 Oct	2022 Dec	2023 Apr	2023 Jun	2023 Aug	2023 Aug	2023 Sept	2023 Sept	2023 Oct	2023 Oct
Region												
Continental											Europe	
National		UK		USA						Australia		USA
State	Alberta				California		New Mexico	Michigan	New York			
County			San Francisco			King						
Document type												
Guidelines	●					●			●		●	● #
Health Emergency Management							●					
Guidance			●		●							
Recommendations				●	●							
Position Statement		●										
Consensus Statement										●		
Memorandum								●	●			
Doxy-PEP status												
● Recommend			●		●			●				
● Offer			●		●			●				
● Case-by-case				●					●		●	
● Consider	●									●		●
● Inform and discuss						●						
● Not recommended		●				●						
● Benefits unknown						●						
Population coverage												
Men					1		1				2	
Cisgender men			●			●			●	●		
Gay and bisexual men						●						●
Transgender women			●		2	●	2		●			●
Cisgender women			●									
Transgender men						●						
Gender diverse people assigned female at birth						●						
Non-pregnant people					1		1					
People requesting doxy-PEP					2		2					
Self-initiated doxy-PEP users		●										
Not specified	●			●								
Risk												
Condomless sex									●	●		

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Condomless vaginal/oral/anal sex	1											
Condomless oral/anal sex			2									
Multiple partners			3									
High risk of acquiring bacterial STI				4	1		1		3	1		
Regardless of disclosed risk					2		2					
Receiving HIV care								3				
Presenting for HIV PEP / PrEP									2			
Taking HIV PrEP								4				
Not taking HIV PrEP								5				
STI diagnoses												
Current bacterial STI			6									
≥2 bacterial STI other than syphilis (past 12 months)			7			8				9		
>1 bacterial STI (past 12 months)					10		11					
Syphilis (past 12 months)						12			13			
≥1 bacterial STI (past 12 months)						14		15		16		
≥1 STI (past 12 months)						17		18	19			
Repeated STIs											20	
No current STI			21									
Regardless of STI history					22		23					
Not specified	24	25		26	27		28					29
Sexual partners												
Multiple cisgender men / transgender women (past 12 months)			30									
≥1 cisgender man/transgender woman (past 12 months)			31									
Men					32	33	34			35	36	37
Transgender women												
People assigned male at birth									38			
Women												39
Multiple people assigned female at birth									40			
Concurrent male <u>partners</u> and partners with a uterus										41		
Not specified	42	43		44	45		46					47
Dosing schedule												
200mg doxycycline within 24 hours	48	49	50	51	52	53	54	55	56	57	58	59
within 24 hours (no later than 72 hours)		60			61	62	63		64			
within 24 to 72 hours			65								66	67
within 72 hours				68								
after condomless oral/anal/vaginal sex					69	70	71		72			
after condomless sex			73					74				75
after sexual intercourse											76	
after risk												
Daily use if required, up to 200mg/24 hours			77		78	79	80		81	82*		
Maximum 600mg weekly		83	84						85			
Doxycycline hyclate or monohydrate acceptable			86			87	88		89			
Duration of use												
Suggests prescribing 30 tablets with one repeat (equivalent to 30 individual doses), prescriber discretion						90						

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1–3-month supply to meet patients expected use							●					
Up to maximum of 90 doses, await screening results before repeat prescription								●				
Defined period with follow up review e.g., 3-6 months									●			
Not specified	●	●	●	●	●			●			●	●
Management												
Presume STI present, treat	●											
Routine review		●										
Document antibiotic use		●										
Monitor for adverse effects		●										
Pregnancy test (patients able to conceive)			●		●		●	●				
Annual FBC, LFT, RFT			●		● [^]		● [^]	●	●			
3-monthly STI screen: exposure sites CT/NG NAAT, TP serology, HIV (if not PLWH), treat as per guidelines			●		●		●	●	●	●		●
HIV PrEP / LA cabotegravir			●					●	●	●		
U=U			●					●	●			
Vaccinations (Hep A/B, HPV, Mpox, MenACWY)			●					●	●			
STI testing and repeat prescription frequency based on provider discretion and patient expectations						●						
Standard laboratory monitoring schedule not stated						●						
Presumptive treatment if ≤60 days since contact with CT/NG or ≤90 days since contact with TP								●				
Offer HIV PrEP to people living without HIV								●	●			
Culture prior to NG treatment									●			
Not specified				●							●	
Reporting												
ICD-10 diagnosis code (Z20.2)			●			●						
Not specified	●	●		●	●		●	●	●	●	●	●
Surveillance												
AMR monitoring (STIs)										●		
AMR monitoring (non-STIs)										●		
Not specified	●	●	●	●	●	●	●	●	●		●	●
Health system recommendations												
Develop Doxy-PEP clinical guidelines										●		
Review STI management guidelines										●		
Community collaboration										●		

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Develop resources										●		
Research										●		
Education										●		
Molecular AMR test development										●		
Adequate funding										●		
Not specified	●	●	●	●	●	●	●	●	●	●	●	●

For categories “Doxy-PEP status”, “Population coverage”, “Risk”, “STI diagnoses”, and “Sexual partners” dots are colour-coded by “Doxy-PEP status”. Where a document provides more than one level of recommendation i.e., ‘Recommend’ and ‘Offer’, dots are colour-coded and/or numbered by recommendation category. e.g., California Department of Public Health ‘Recommend’ doxy-PEP for Men who have sex with men ① and transgender women with no qualification of partners’ sex ②; “offer” to non-pregnant people at high risk of acquiring unspecified bacterial STI ① and people requesting doxy-PEP regardless of disclosed risk and STI history ②; The ASHM Consensus statement suggest clinicians “consider” doxy-PEP for gay and bisexual men either, at high risk of acquiring bacterial STI (from an “upcoming period of heightened STI risk ①”) or presenting for HIV PEP/PrEP ② or with two or more bacterial STI other than syphilis in the past 12 months ③ or syphilis in the past 12 months ④ or concurrent male partners and partners with a uterus ⑤.

Public Consultation of CDC draft Guidelines closed 16 November 2023

* HIV PrEP may be appropriate if daily risk (not recommended)

^ Consider annual FBC, LFT, RFT

Doxy-PEP = doxycycline post-exposure prophylaxis. STI = sexually transmitted infection. Doxy = doxycycline. PEP = post-exposure prophylaxis. PrEP = pre-exposure prophylaxis. CT = *Chlamydia trichomoniasis*. TP = *Treponema palladium*. NG = *Neisseria gonorrhoeae*. AMR = antimicrobial resistance. FBC = full blood count. LFT = liver function tests. RFT = renal function tests. NAAT = nucleic acid amplification test. HIV = human immunodeficiency virus. PLWH = people living with HIV. LA = long acting. U=U = Undetectable equals untransmittable. HPV = human papilloma virus. Mpox = monkeypox virus. MenACWY = Meningococcal ACWY. ICD = International Classification of Disease.

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