



National Coalition
of STD Directors



Non-Legislative Policy Considerations for Doxy PEP Implementation

Background

What is doxy PEP?

Doxycycline as STI post-exposure prophylaxis (or doxy PEP) is a targeted intervention for bacterial STIs that can reduce the acquisition and transmission of syphilis, chlamydia, and gonorrhea. It involves taking 200 mg of doxycycline ideally within 24 hours but no later than 72 hours after condomless oral, anal, or vaginal sex. An [NIH-funded study](#) from 2023 found that the medication reduced syphilis by 87%, chlamydia by 88%, and gonorrhea by 55% in individuals taking HIV PrEP (pre-exposure prophylaxis).



Are there state and federal policies that impact access to doxy PEP?

As of early 2026, no state or federal legislation has been enacted that directly regulates doxy PEP access. However, the [CDC released doxy PEP guidelines](#) in 2024 and several states and local jurisdictions have created their own guidelines or issued provider health alerts on the importance of doxy PEP.

In the face of limited legislative or regulatory action, what can health departments do to support doxy PEP access?

Health departments can consider relevant and implementable non-legislative or “little p” policies that support doxy PEP access in their jurisdiction. The National Coalition of STD Directors (NCSDD) pulled together two key examples that can be replicated and adapted to meet local needs.

Example 1:

Integrate Doxy PEP into Existing Referral Systems

After graduating from NCSD's Policy Academy in 2024, Chris Kiley of the Colorado Department of Public Health and Environment (CDPHE), launched the goal he had been working on: integrating doxy PEP into existing PrEP education and referrals, primarily through Disease Intervention Specialists (DIS). In the end, Mr. Kiley was successful in updating the state's disease investigation systems to include a doxy PEP option for people contacted after an STI diagnosis or exposure.

Steps Taken to Implement the Goal

1

Generate buy-in from leadership to make sure that existing DIS PrEP referral protocols can be modified to accommodate changes and that there are no state or local restrictions that need to be considered before implementation.

2

Partner with DIS leadership to create training content for DIS staff on how to identify who may be eligible for doxy PEP and on effective ways to document a person's interest in doxy PEP within surveillance, case ascertainment, and disease investigation systems.

3

Since DIS teams often have default partners they tend to work with on complicated cases, discuss doxy PEP referral systems with close clinical relationships who might be good partners to champion this policy change. In addition, determine which clinical partners are ready to receive doxy PEP patients and feel comfortable and confident in educating and prescribing.

4

Once internal leadership has given the green light, inform key clinical partners and establish any new forms or protocols. Then, bring the new plan to larger DIS teams for feedback on implementation to improve the workflow process.



Lessons Learned & Considerations

Consider ways to minimize administrative burden.

DIS have a lot on their plate. If documentation takes up a significant amount of time and effort, data quality will be lower and administrative burden on DIS will be higher. In most locations, doxy PEP is not being tracked for funded activities, so tracking may only be an internal priority. Make doxy PEP a tool to support client-facing staff's existing work rather than a new project for them.

Be prepared for demographic surprises!

During the initial rollout, a larger portion of heterosexual women with male partners who tested positive for syphilis were interested in doxy PEP.

Because this is a group not included in the initial studies that demonstrated doxy PEP's efficacy, CDPHE had to make sure providers working with their doxy PEP referrals were prepared to discuss STI prevention options with this demographic and help them weigh the risks and benefits of doxy PEP usage.

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As Mr. Kiley suggested during conversations with NCSA:

“Make it a box, not a form. Help DIS reduce paperwork to maintain consistency and respect their time.”

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Rely on DIS expertise.

When Mr. Kiley first started this project, he was in a DIS role, which he said inspired the process. “I wanted to make my job feel better by giving people an option,” he stated. To him, this provided an element of agency and autonomy to patients. Mr. Kiley also noted that without his on-the-ground, first-hand DIS experience, his perspective on how to integrate doxy PEP into PrEP systems would have felt less complete. Therefore, it is critical that any jurisdiction considering replication build relationships with DIS teams and leverage DIS expertise to inform the rollout.

Example 2: Establish and Customize Doxy PEP Jurisdictional Guidelines

In addition to federal guidance, local, state, and territorial health departments have played a key role in developing guidelines for doxy PEP that reflect both clinical data and the needs of the communities they serve.

In both California and King County, Washington, state and local doxy PEP guidelines offer information to providers on how to navigate populations for whom doxy PEP efficacy has not yet been demonstrated in published studies. For example, California's guidelines differentiate between "recommending" doxy PEP to groups included in the published doxy PEP studies and "offering" doxy PEP to all non-pregnant women at increased risk through shared decision-making.

Examples of Guidelines

[California Department of Health](#)

[Public Health - Seattle & King County, Washington](#)

[NCSD's Doxy PEP Command Center](#)



Jurisdictions can also consider other recommendations to include within doxy PEP guidelines that support comprehensive sexual health needs, such as an emphasis on PrEP and HIV treatment access, routinization of hepatitis, HPV, and mpox vaccinations, and family planning resources.

