



Substance Abuse and Mental Health  
Services Administration

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**Letter Title:** Updated Centers for Disease Control and Prevention (CDC) Clinical Guidelines for the use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention (i.e., Syphilis, Chlamydia or Gonorrhea)

August 30, 2024

Dear Colleague:

On behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), I want to alert you to the updated [Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis \(doxy PEP\) for Bacterial Sexually Transmitted Infection \(STI\) Prevention](#) released earlier this year by the CDC, and to provide guidance on the use of grant funds to incorporate doxy PEP into SAMHSA-supported work.

These updated guidelines are particularly relevant now due to recent increases in cases of syphilis and congenital syphilis, which I alerted you about [earlier this year](#). [Data](#) from the CDC show a 78.9% increase in syphilis diagnoses since 2017, including 3,755 congenital, or mother-to-child syphilis cases. In 2022, there were 207,255 syphilis cases which is the greatest number of cases reported since 1950. Substance use, particularly methamphetamine use, [appears to be highly correlated](#) with rising rates of syphilis and other STIs. Among pregnant people with syphilis, substance use is [nearly twice as high](#) among those with a congenital syphilis outcome than those without transmission. Evidence also suggests that individuals with psychiatric disorders such as depression and schizophrenia experience [increased incidence](#) of bacterial STIs.

Disparities also exist in syphilis rates across racial and ethnic groups. For example, among American Indian and Alaska Native (AI/AN) persons, the [rates of primary and secondary syphilis cases](#) are nearly seven times the rate of white persons in 2022. Syphilis is also [increasing](#) among gay, bisexual, and other men who have sex with men (MSM) and transgender women (TGW).

Doxy PEP can play an important role in helping to address this recent increase in STI cases. CDC's new doxy PEP clinical guidelines emphasize an ongoing, patient-managed STI prevention strategy that includes an approach to doxy PEP focusing on shared decision making between patient and provider, and that provides the patient with a prescription allowing them to have doxycycline for self-administration as soon as possible after sex to prevent syphilis, chlamydia, and gonorrhea. Notably, these new CDC clinical guidelines do not recommend that prescribing of doxy PEP be limited to only certain practitioners with a specific scope of practice to treat syphilis and other STIs. This means that prescribing of doxy PEP can be incorporated into behavioral healthcare settings without the need to refer to STI or infectious disease specialists.

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Specifically, CDC’s new clinical guidance recommends that providers should counsel all gay, bisexual, and other MSM and TGW with a history of at least one bacterial STI (specifically, syphilis, chlamydia or gonorrhea) during the past 12 months about the benefits and harms of using doxycycline (any formulation) 200 mg once within 72 hours (not to exceed 200 mg per 24 hours) of oral, vaginal, or anal sex and should offer doxy PEP through shared decision-making. The ongoing need for doxy PEP should be assessed every 3–6 months. Although the pharmacokinetics of doxycycline and experience in treating bacterial STIs suggest that doxy PEP should be effective in other populations, clinical data to support doxy PEP in other populations (i.e., cisgender women, cisgender heterosexual men, transgender men, and other queer and nonbinary persons assigned female at birth) are limited. As a result, providers should use their clinical judgement and shared decision-making to inform use of doxy PEP with populations that are not part of CDC recommendations.

The use of doxy PEP for STI prevention is in line with [SAMHSA’s 2023 – 2026 Strategic Plan](#), which prioritizes integrating behavioral and physical health care, as well as SAMHSA’s [Harm Reduction Framework](#), which understands and acknowledges that drug use and other behaviors that carry risk exist — and responds in a compassionate and life-preserving manner. Thus, relevant SAMHSA grant recipients providing direct mental health and/or substance use prevention and treatment services may now use their grant funds to address the nationwide rise in STI cases by supporting access to doxy PEP following CDC’s clinical guidelines as part of SAMHSA supported allowable activities. This includes, but is not limited to, the following services for people served by SAMHSA grants:

- Prescribing or dispensing of doxy PEP medication;
- Pharmacy co-pays and individual patient pharmacy costs of doxy PEP medication for uninsured individuals with SAMHSA grants serving as funding of last resort;
- Patient education, shared decision making, case management, and care coordination for participants that would benefit from a doxy PEP prescription;
- Training for staff;
- Service navigation for participants to other STI prevention resources and mental health support;
- STI screening, testing, and referral to treatment; and
- The development of memoranda of understanding or other agreements with STI treatment providers.

Note that some SAMHSA grant programs include funding for transportation and/or telehealth and may include additional required or allowable activities that address STIs. See our [Dear Colleague Letter regarding the recent rise in syphilis cases](#) for details.

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It is our shared responsibility to ensure that everyone at risk for contracting an STI receives comprehensive prevention services, including doxy PEP. I encourage you to review the full [doxy PEP Clinical Guidelines](#), and urge you to incorporate doxy PEP for STI prevention into your behavioral healthcare practice.

Sincerely,

/Miriam E. Delphin-Rittmon/

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