ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Alaska ID ECHO

October 10, 2023

This ECHO (Extension for Community Healthcare Outcomes) is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided by the HHS Secretary's Minority HIV/AIDS Fund.

AK ID ECHO

Consultant team

- Youssef Barbour, MD Hepatologist
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- Terri Bramel, PA-C HIV/STI Provider
- Rod Gordon, R.Ph. AAHIVP Pharmacist
- Jacob Gray, MD Infectious Disease Provider
- Annette Hewitt, ANP Hepatology Provider
- Brian McMahon, MD Hepatologist
- Lisa Rea, RN HIV/STI Case Manager
- Lisa Townshend, ANP Hepatology Provider

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Agenda

Didactic Presentation:

- DoxyPEP

Patient Case: N/A

Questions and Group Discussion

Welcome to Alaska Infectious Disease ECHO: HCV, HIV, PrEP, STIs

Approved Provider Statements:

JOINTLY ACCREDITED PROVIDER™
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In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
CPE Credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

The ANMC Joint Accreditation CE Program Portfolio additionally supports Behavioral Health (APA), Social Work (ASWB-ACE), and Dietitians (CPEU).

Contact Hours:

ANMC designates this activity for a maximum of 12 contact hours, including 3 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

Youssef Barbour, MD and Lisa Townshend-Bulson, APRN / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: https://forms.gle/18t4EgvN2WdnM4P77

For more information contact
jlfielder@anthc.org or (907) 229-1185

ALASKA NATIVE MEDICAL CENTER

Indian Health Service

DoxyPEP

ANDREW YU, MS, BSN, RN, ACRN

NATIONAL HIV/HCV/STI CLINICAL COORDINATOR

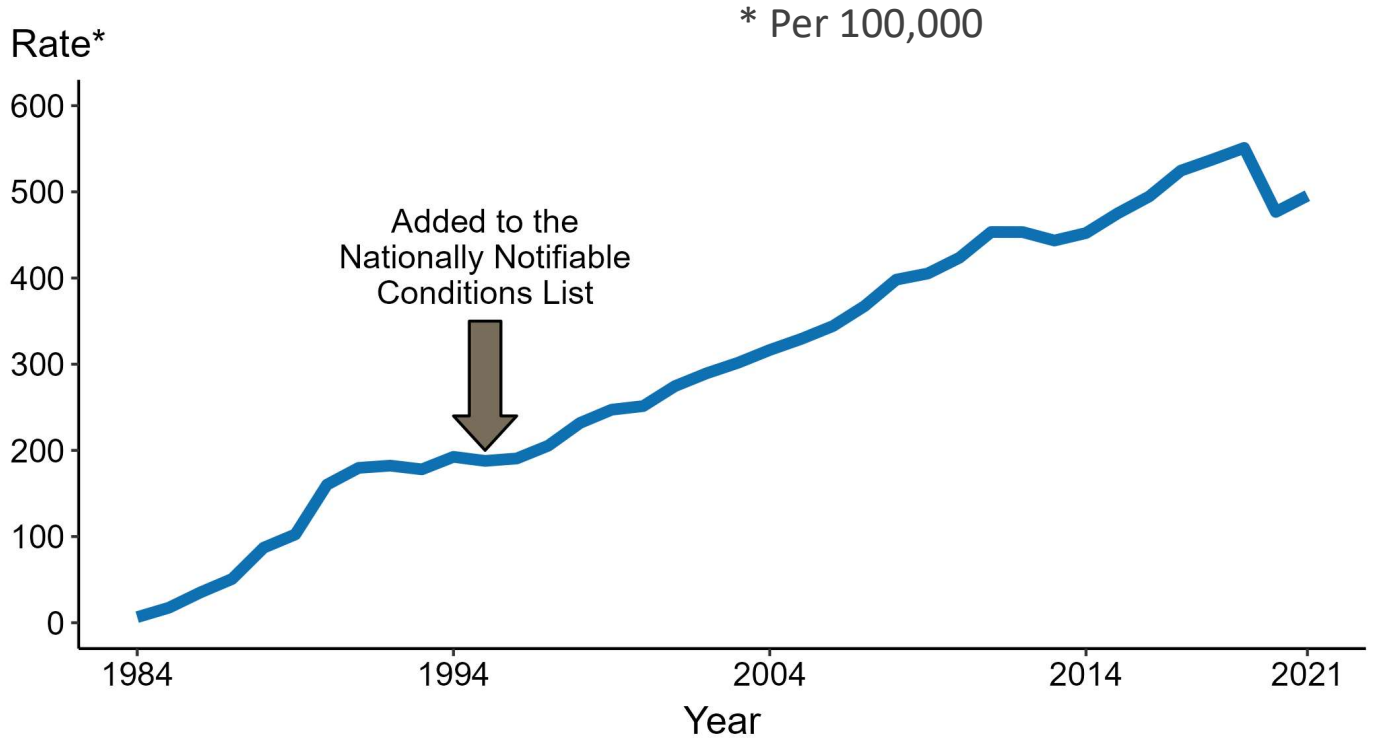
DATE 10/10/23

Significance

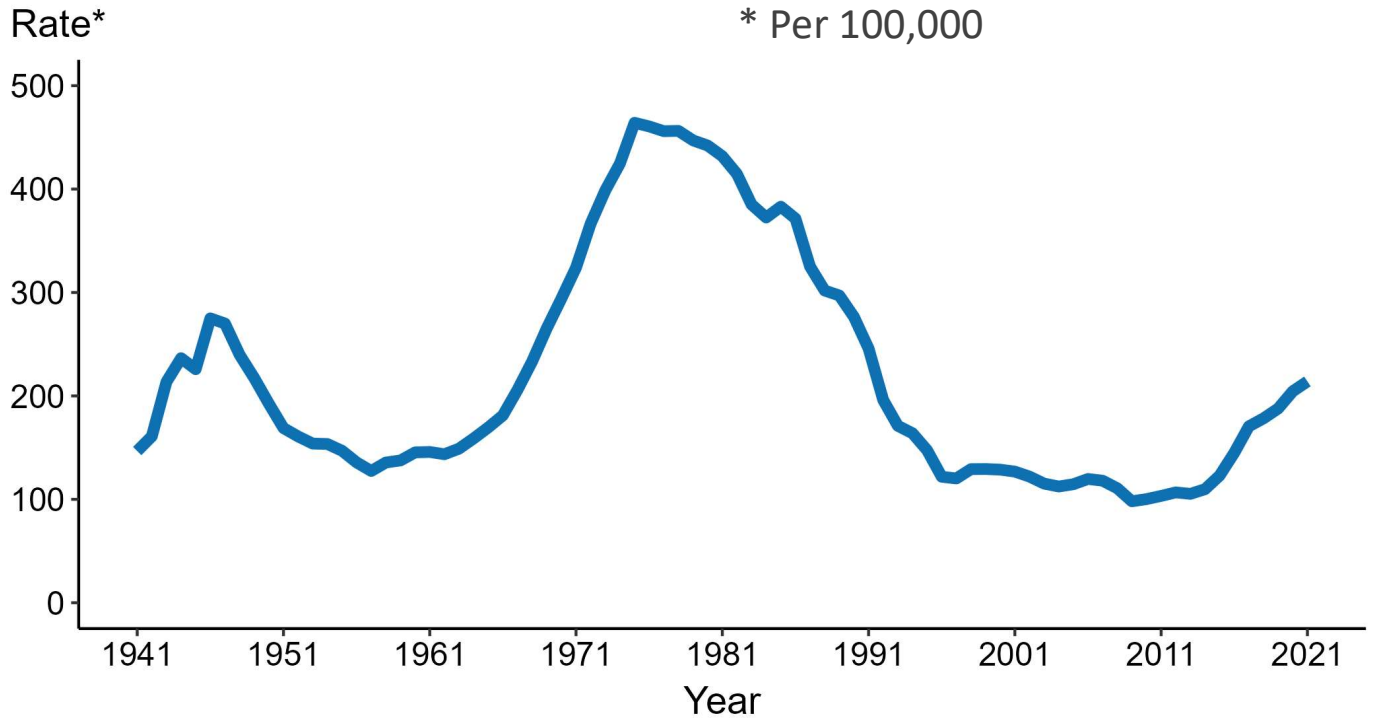
Incidence of sexually transmitted infections (STIs) caused by *N. gonorrhoeae*, *C. trachomatis*, and *T. pallidum* continue to increase in the United States

Novel approaches are needed to address the STI epidemic, especially for populations disproportionately affected

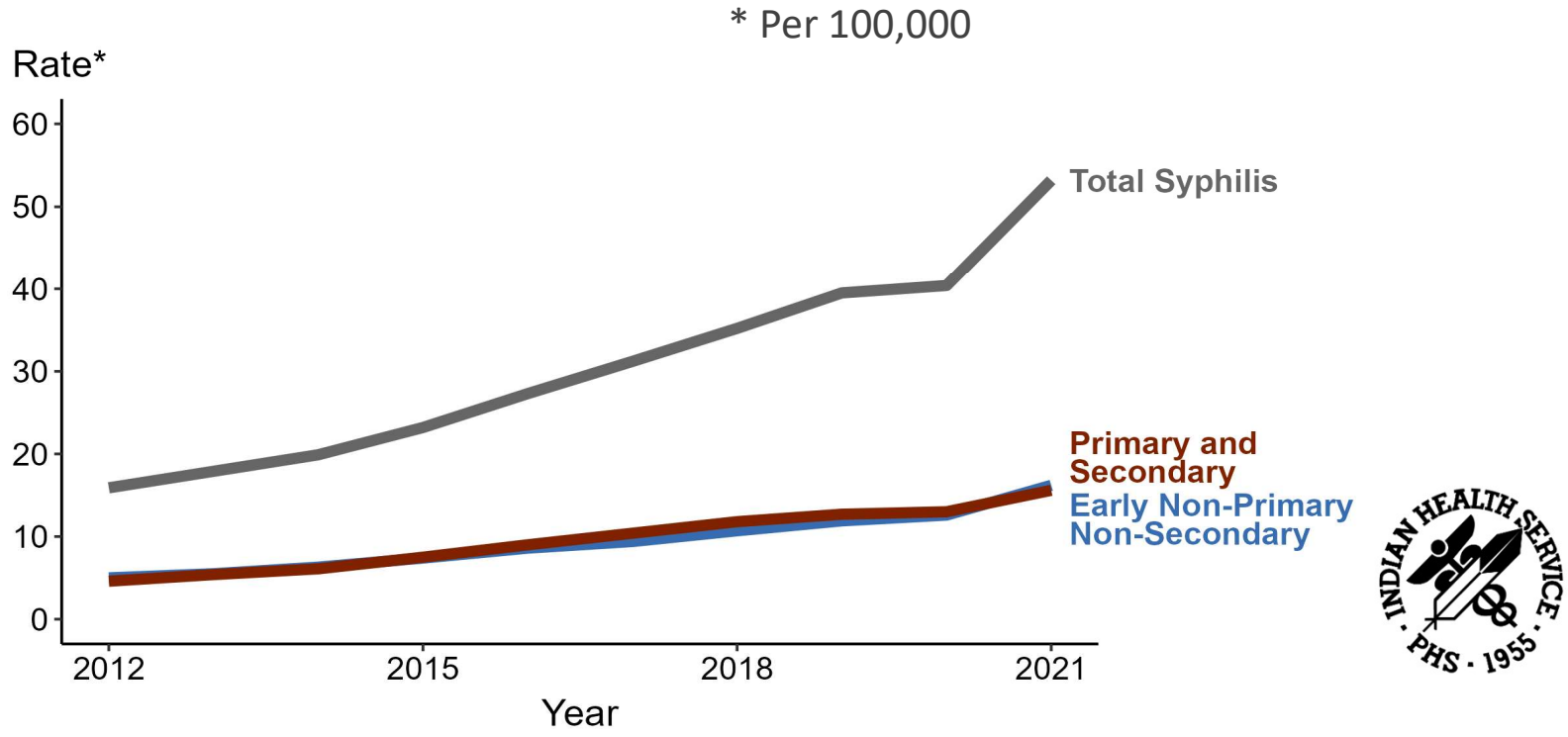
Chlamydia — Rates of Reported Cases by Year, United States, 1984–2021



Gonorrhea — Rates of Reported Cases by Year, United States, 1941–2021



Syphilis — Rates of Reported Cases by Stage of Infection, United States, 2012–2021



Doxycycline

Doxycycline: A well-known antibiotic since the 1960's

Doxycycline 100mg PO is currently prescribed for STI treatment and is currently on the IHS National Core Formulary

- Chlamydia: Doxycycline 100mg PO BID for 7 days
- Syphilis: Doxycycline 100mg PO BID for 14 days (primary, secondary, early latent)

  28 days (late latent, unknown duration)

DoxyPrEP (Pre-Exposure Prophylaxis)

Take **Doxycycline 100mg daily** prior to having condomless sex

In a pilot study, 30 MSM living with HIV with previous syphilis (two or more episodes since HIV diagnosis) were randomly assigned to doxycycline 100 mg for 48 weeks versus a financial incentive–based behavioral intervention

Results: **73% reduction in any bacterial STI** at any site for the intervention group, without substantial differences in sexual behavior

DoxyPEP (Post-Exposure Prophylaxis)

Take 1 dose, **Doxycycline 200mg within 72 hours** of having condomless sex

Repeat as needed, but no more than 1 dose within 24 hours

Clinical Trials

IPERGAY study (2018): 232 MSM and TGW on PrEP in France

Randomized to either take DoxyPEP up to 3 times per week (intervention group) vs no medication prophylaxis (control group)

Primary endpoint was occurrence of first STI during a 10-month follow-up period

Intervention group found to have a **reduced risk of acquiring chlamydia and syphilis by 70% and 73%**

Clinical Trials

Open-label DoxyPEP study (2022): 501 MSM and TGW living with HIV (N=174) or on HIV PrEP (N=327) in San Francisco and Seattle

Randomized to either take DoxyPEP up to once daily (intervention group) vs no medication prophylaxis (control group).

Primary endpoint was incidence of at least 1 STI per follow-up quarter

Study ended early after the data safety monitoring board found a **66% reduction in STIs overall** for the intervention group

In the intervention arm, 86% reported taking doxycycline always/often and 71% reported never missing doxycycline

Clinical Trials

DOXYVAC study (2022): 502 MSM on HIV PrEP in France

Randomized into 4 groups:

1) Take DoxyPEP
2) No DoxyPEP
3) Receive two shots of meningococcal B vaccine
4) No vaccine

Primary endpoint was occurrence of first STI up to 96 weeks

DoxyPEP: Adherence rate of 80%, median of seven doses a month

Study was stopped early due to intervention efficacy: DoxyPEP **reduced STIs overall by 65%.** Two doses of the meninogoccal B vaccine **reduced incidence of gonorrhea by 50%**

Considerations

Further analyses are needed to determine the effects of intermittent doxycycline use on antimicrobial resistance and long-term effects on the gut

Studies with promising results do not include females assigned at birth at this time. One study conducted in Kenya did not show a significant decrease in STIs, but confounding factors (adherence) may have contributed

Doxycycline is contraindicated for pregnant people. Doxycycline may cause fatty liver disease in pregnant people and fetal tooth staining and decay

CDC Position

CDC has acknowledged that providers and patients have started to use DoxyPEP off-label and provided considerations for its use and drafted guidelines:

- Reminder that current studies with promising results are only inclusive of MSM and transgender women
- Only Doxycycline has been studied, no other antibiotics
- Open for public comment until 11/16/23

IHS Position

- IHS has sent out a medication update that supports the use of DoxyPEP under specific guidelines
- Clinicians can start prescribing DoxyPEP immediately
- National Pharmacy and Therapeutics Committee (NPTC) will review final CDC guidelines, expected to be published in the 1st Quarter of 2024

Implementation

- Who should receive DoxyPEP?
  - MSM/TGW on HIV PrEP or living with HIV.
  - If not on HIV PrEP, MSM/TGW with history of STIs within the past 12 months, sex work, chemsex
- 3 month schedule: Provide enough meds and replenish after STI screening
- If having signs and symptoms of an STI: patient's should come in for immediate screening and treatment per traditional protocol, and abstain until 1 week post treatment

Impact

- Increases access to care
- Provides a level of autonomy for patients and their care
- Overall decrease in STIs in the community
- Preserves bicillin stock by averting new syphilis infections
- Expands on-demand care models (syringe services, PrEP 2-1-1, Tenofovir douches)

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Questions

You're welcome to unmute yourself or add your question in the chat box.

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Alaska Infectious Disease ECHO:
HCV, HIV, PrEP and common STIs

- Second Tuesday of every month from noon-1:00 PM AKDT
- www.anthc.org/ak-id-echo
- akidecho@anthc.org

AK LD ECHO

Alaska Liver Disease ECHO

- Third Thursday of every month from noon-1:00 PM AKDT
- www.anthc.org/ak-ld-echo
- akldecho@anthc.org

Indian Country ECHOs

- www.IndianCountryECHO.org
  - Multiple ECHOs hosted by the Northwest Portland Area Indian Health Board

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Northwest Portland Area Indian Health Board // www.indiancountryecho.org

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Evaluation and Continuing Education Credit

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To claim Continuing Education credit:

- The QR code will connect to the electronic evaluation to claim the CE credit certificate for today's AK ID ECHO.
- A PDF certificate of credit will be automatically emailed to the address provided in the electronic evaluation form.
- The evaluation link will be sent out via email to all registered participants.
- https://forms.gle/18t4EgvN2WdnM4P77

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