



Awareness in Sexual Health: U=U and prevention

OC 45 DOXYPEP IS ALREADY USED IN TWO COMMUNITY-BASED CENTERS IN BOLOGNA AND ROME. AN EXPLORATIVE SURVEY

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Background: DoxyPEP, a post-exposure prophylaxis comprising 200 mg of doxycycline administered up to 72 hours following condomless sexual intercourse, has demonstrated efficacy in reducing the incidence of bacterial sexually transmitted infections (STIs). Three randomized clinical trials - ANRS Ipergay, ANRS Doxyvac, and DoxyPEP - have exhibited a reduction of over two-thirds in chlamydia and syphilis among gay, bisexual and other Men who have sex with men (GBMSM) and transwomen. Despite its potential, antimicrobial resistance (AMR) remains a concern. Currently, both SIMIT and HIV organizations have yet to offer formal position statements regarding DoxyPEP.

Material and methods: In March 2024, Plus and Plus Roma conducted a survey among users of the "Sex Check", a protocol following GBMSM at high risk of STIs, to assess their knowledge and use of DoxyPEP. A total of 395 surveys were distributed electronically, with 168 answers, among whom 32 people lived with HIV, 126 were on Pre-Exposure Prophylaxis (PrEP), and 10 were neither on PrEP nor living with HIV.

Results: Among 168 respondents, 88 (52%) individuals knew about DoxyPEP. Of these, 23 (14%) reported using DoxyPEP between 2023 and 2024: 15 people used it less than 5 times, 4 more than 10 times, 4 only once.

Notably, 17 of these individuals utilized DoxyPEP following group sex encounters. 14 individuals acquired DoxyPEP through personal networks or at-home availability and 9 via formal medical prescriptions.

23 (14%) individuals would never use DoxyPEP and 51 (30%) reported never having had the chance to use it. Interestingly, 35 (21%) respondents, who were previously unaware of PrEP, expressed interest in using it after receiving information through the survey, while 36 (21%) indicated a need for additional information.

Concerning AMR, 68 expressed beliefs in its potential to exacerbate antibiotic resistance (39%), 40 disagreed (24%), 61 were uncertain (37%).

Conclusions: Although the survey is limited to two community-based settings, more than half of the GBMSM survey participants reported having previous knowledge of DoxyPEP and some of the respondents already use DoxyPEP. A significant portion obtained it outside the formal medical system, facing a heightened chance of incorrect use. Only a small segment declared that they would never take DoxyPEP, indicating a potential for wider adoption in the future.

Given the lack of ongoing research on AMR in this context, it is crucial to understand SIMIT's position through a clear statement, guiding future research and interventions effectively, simultaneously useful for sector associations and the development of community campaigns.