



PUBLIC HEALTH DIVISION
HIV/STD/TB Section

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, Suite 1105
Portland, OR 97232
Voice 971-673-0153
Fax 971-673-0187
www.healthoregon.org/std

Date: January 10, 2020

To: LPHA STD Partners

From: Tim W. Menza, MD, PhD
Jillian Garai, RN, MPH

RE: Treatment of rectal chlamydia and lymphogranuloma venereum with doxycycline

The STD Program will begin accepting orders for limited quantities of doxycycline on 01/01/2020. Doxycycline is considered a first-line treatment for rectal chlamydia and lymphogranuloma venereum (LGV), an infection caused by certain variations of *C. trachomatis*. The updated OHA chlamydia investigative [guidelines](#), released in November 2019, include recommendations to treat rectal chlamydia with doxycycline 100 mg orally twice daily for seven days and lymphogranuloma venereum (LGV) with doxycycline 100 mg orally twice daily for 21 days.

Azithromycin remains an effective first-line medication for rectal chlamydia. Doxycycline is the preferred treatment for an individual who presents with symptoms of rectal chlamydia or LGV or has a known diagnosis of rectal chlamydia at the time of treatment. It is not necessary to treat with doxycycline in addition to azithromycin if the azithromycin is given for chlamydia or gonorrhea at another site. For instance, if an individual is symptomatic for only urogenital chlamydia and is treated empirically with azithromycin, and lab results are positive for urogenital and rectal chlamydia, the patient does not need to return for doxycycline treatment. Additionally, if there are patient factors that may impact adherence, please use your clinical judgement to determine whether doxycycline or azithromycin is most appropriate.

Please refrain from providing doxycycline to patients with gonorrhea, syphilis, or urogenital chlamydia who report an allergy to azithromycin or penicillin, unless the patient has a true IgE-mediated allergy (see the CDC penicillin allergy [fact sheet](#) attached). Adherence issues and side effects decrease the likelihood of patients completing longer medication regimens, leading to prolonged infections, possible complications, and continued transmission.

The STD drug order form, updated to include doxycycline, is attached. Please use this form for all your STD drug orders going forward. Counties that purchase drugs directly through the 340B program and invoice the STD Program for reimbursement may now also submit for reimbursement of doxycycline purchased at 340B pricing.

For treatment questions or other clinical concerns, please contact [Jillian Garai](#) or [Dr. Tim Menza](#). For questions related to ordering doxycycline or other state-supplied medications, please contact [Jennifer Li](#).

As always, thank you for your continued efforts and dedication to STD prevention in Oregon.

Sincerely,

Tim W. Menza, MD, PhD

Jillian Garai, RN, MPH