

Choice of antibiotics for prophylaxis of bacterial STIs among individuals currently self-sourcing

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As interest in antibiotic prophylaxis for bacterial sexually transmitted infections (STI-prophylaxis) grows there is a need to better understand the current landscape of antibiotic self-sourcing. STI-prophylaxis is not currently recommended with only two small studies demonstrating efficacy for doxycycline as pre- or post-exposure prophylaxis in preventing syphilis and chlamydia, and concerns about antimicrobial resistance (AMR).¹ However, surveys estimate STI-prophylaxis use among HIV-PrEP users to be between 2% and 10%.¹ Whilst larger trials underway focus on doxycycline, MSM are reportedly self-sourcing other antibiotics.

During the COVID-19 pandemic, the Reducing Inequalities and Improving Sexual Health series of online surveys of MSM in the UK were carried out.² The second survey, open November 23rd to December 12th 2020, included questions on STI-prophylaxis use. The survey included 1,522 respondents with a median age of 38 (IQR 29-50). 96% were cis male, 82% identified as gay; and 71% were White British.

20% (308/1,520) had heard of STI-prophylaxis; 3.6% (55/1,520) had ever used STI-prophylaxis; and 1.8% (28/1,520) had used it in the preceding 12 months. HIV-negative respondents not using HIV-PrEP had lower reported STI-prophylaxis use than respondents living with HIV (PLWH) (1.9% vs 6.9%, chi-squared $p<0.001$) and HIV-PrEP users (1.9% vs 6.2%, $p<0.001$). Respondents reporting STI-prophylaxis use (n=55) were asked which antibiotic(s) they used. Only 56% reported using doxycycline; 18% azithromycin; 20% amoxicillin; 4% metronidazole and 16% unsure of the antibiotic used.

This analysis corroborates other estimates of STI-prophylaxis use among MSM, and for the first time estimates use among HIV-PrEP non-users and PLWH. Participants reported using antibiotics without any evidence to support their effectiveness at preventing STIs, such as macrolides and penicillins. Driving further AMR through use of these is particularly concerning for the management of enteric STIs and non-sexually acquired infections. Therefore, practical guidance on STI-prophylaxis to support patient-centred care may be needed.

References

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