ABSTRACT: Doxy-PEP Access & Health System Navigation

Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) Awareness, Access Gaps and Health System Navigation Barriers Among Gay, Bisexual and Other Men Who Have Sex with Men from Multicultural Backgrounds in Australia

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Background:

Doxycycline post-exposure prophylaxis (doxy-PEP) is used to reduce bacterial STI risk among gay, bisexual and other men who have sex with men (GBMSM). In Australia, doxy-PEP requires a GP prescription; however, in Thailand and several Southeast Asian countries it is available over the counter. For GBMSM migrating from these countries, access to an affordable GP in Australia can be a key barrier to accessing doxy-PEP. STI burden in these communities was high: chlamydia was diagnosed in 17% and Syphilis in 5% of NSW respondents in the past 12 months. This study examines doxy-PEP awareness and access knowledge among culturally and linguistically diverse (CALD) GBMSM in Australia and provides recommendations for engagement.

Methods:

Data were drawn from the GLAAAM+ Survey 2025, a national cross-sectional behavioural study of GBMSM from Asian, African, Latin American, Middle Eastern and other multicultural backgrounds (n = 956 nationally; n = 526 NSW), conducted in September–December 2025. Respondents were asked about doxy-PEP awareness and knowledge of access pathways. Subgroup analyses were conducted by country of birth, years in Australia, and visa status.

Results:

The majority (65%) of respondents had heard of doxy-PEP. Of whom 36% knew where to obtain it in Australia, and 30% did not know how to access it. This identifies a critical knowledge gap affecting nearly one-third of participants. By comparison, 90% of participants were aware of HIV. The gap was most pronounced among recent arrivals (within four years) and those on temporary visas.

Conclusion:

For migrants from countries where doxy-PEP is available over the counter, limited access to affordable general practice in Australia represents a significant barrier to doxy-PEP access. Health promotion must move beyond awareness to explicitly teach health system navigation, including how to access doxy-PEP in Australia. Peer educators from CALD LGBTQ+ communities, with lived experience of navigating different health systems, are uniquely placed to bridge this gap. Multilingual, peer-led resources co-designed with migrant communities are essential to ensure equitable doxy-PEP access among CALD GBMSM.