

ACTHIV® ChangeMakers 2025-26: Youth-Informed Adaptive Leadership to Advance Doxycycline Post-Exposure Prophylaxis Uptake

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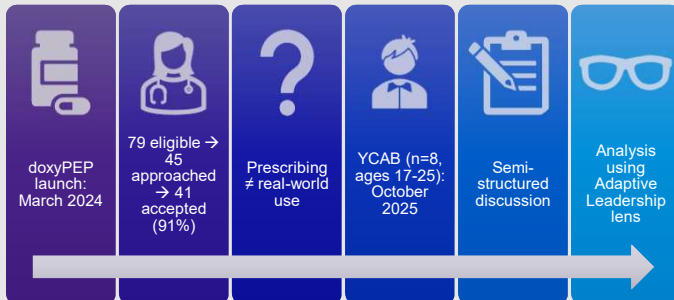
BACKGROUND

- ❖ Rising rates of bacterial sexually transmitted infections (STIs) among youth represent a growing public health challenge in HIV prevention, with individuals ages 15-24 accounting for nearly half of reported cases.¹
- ❖ Youth in Memphis, Tennessee experience disproportionately high STI and HIV incidence,² reflecting challenges faced by many urban HIV programs and underscoring the need for innovative prevention strategies.
- ❖ DoxyPEP reduces bacterial STIs³⁻⁶ and may decrease downstream HIV risk.

OBJECTIVE

To examine youth perspectives shaping doxyPEP uptake through an Adaptive Leadership framework⁷ – which distinguishes *technical solutions* from *adaptive challenges*

METHODS

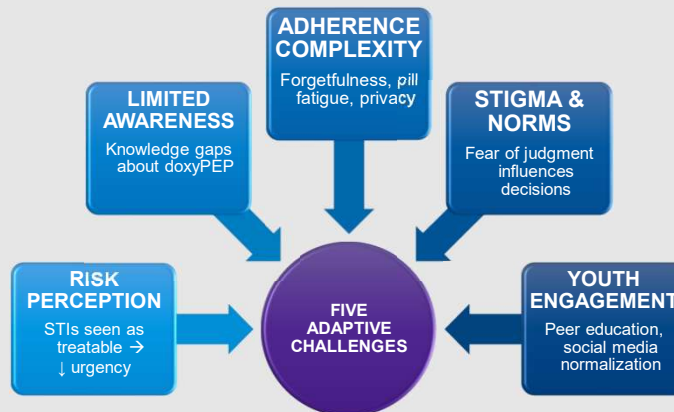


- ❖ Upon doxyPEP implementation in our youth HIV Clinic, clinicians observed a gap between initial prescription acceptance and adherence to instructed use.
- ❖ We convened an HIV status neutral Youth Community Advisory Board to explore perspectives and to identify adaptive challenges influencing doxyPEP uptake.

doxyPEP IMPLEMENTATION GAP



RESULTS



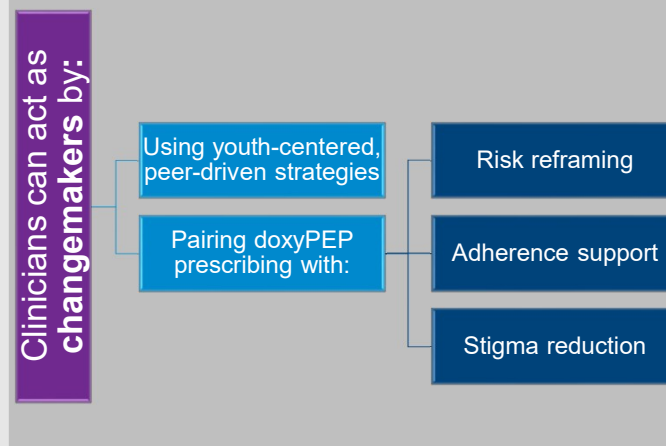
- ❖ Youth identified five interrelated adaptive challenges to doxyPEP use, with **low perceived STI risk most strongly limiting motivation for use**.
- ❖ Peer-led education and inclusive social media messaging were identified as essential approaches to address awareness, stigma, and adherence barriers.

CONCLUSIONS

- ❖ Youth perspectives suggest that doxyPEP innovation alone is insufficient for translation to optimal STI prevention outcomes.
- ❖ Successful doxyPEP implementation requires addressing adaptive challenges – including stigma, risk perception, and behavioral integration – that influence real-world uptake among youth.

INTRODUCING NEW BIOMEDICAL PREVENTION TOOLS REQUIRES MORE THAN TECHNICAL IMPLEMENTATION SUCCESS.

IMPLICATIONS FOR PRACTICE



Youth-informed adaptive strategies are critical for translating doxyPEP from access → sustained impact.

References and Resources:

1. CDC STIs 2024. 2. TDH Epidemiological Profile 2025. 3. Bachmann, LH et al. (2024). *MMWR Rec Rep*. 73(No. RR-2):1–8. 4. CDC DoxyPEP Guidelines, United States. 4. Luetkemeyer, AF et al. (2023). *N Engl J Med*. 388(14):1296-1306. 5. Molina, JM et al. (2024). *Lancet Infect Dis*. 24(10):1093-1104. 6. Molina, JM et al. (2017). *Lancet Infect Dis*. 18(3):308-317. 7. Anderson, RA et al. (2015). *Adv in Nursing Sci*. 38(2):83-95.

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