Brighton & Hove City Council

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction

Supply of doxycycline for the treatment of uncomplicated *Chlamydia trachomatis.*

For the supply of **doxycycline on Patient Group Direction (PGD)** by community pharmacists and pharmacy technicians working within the boundaries of Brighton & Hove City Council (BHCC) and contracted to provide the **chlamydia testing and treatment service.**

Please note – the BHCC chlamydia testing and treatment service **does not** include the treatment of uncomplicated *Mycoplasma genitalium* infection, non-gonococcal or non-specific urethritis (NGU, NSU) and confirmed lymphogranuloma venereum infection therefore they have been removed from the inclusion criteria. Guidance pertaining to the management of these conditions has also been removed.

Version Number 3.0

Reference Number: BH2018 14

Valid from: 1st April 2026
Review date:1st October 2028

Expiry date: 31st March 2029

Change history

Version and Date	Change details
Version 1 April 2020	New template
Version 1.1 May 2020	Minor reordering (content unchanged)
Version 1.2 October 2020	Removed from criteria for inclusion: Clinical epididymo-orchitis (where the practitioner is competent in management of men with testicular pain) and individuals who present with clear penile discharge where there is no access to microscopy facilities to diagnose NSU/NGU Advisory wording added to inclusion criteria section: NOTE – all criteria for inclusion within the BASHH approved national PGD templates for sexual health are based on diagnostic management in line with BASHH guidance. Where services do not have access to diagnostics and treatment is syndromic then the PGD template will need to be locally adapted to reflect local practice being mindful of the BASHH guidance.
Minor amendments May 2021	Correction of spelling in interactions section – acretin amended to acitretin Exclusion criteria - Glucose galactose intolerance amended to Glucose galactose malabsorption Removed from Clinical condition or situation to which this PGD applies and PGD title - clinical epididymo-orchitis.
Version 2.0 April 2023	Updated template due to expiry – no significant changes to clinical content.
Version 2.1 July 2023	Updated exclusion criteria – removed “Sucrose or fructose intolerance, glucose galactose malabsorption, sucrose-isomaltase insufficiency”. Removed any reference to treatment of epididymo-orchitis.
Version 3.0 October 2025	Alignment with other SPS antimicrobial PGD templates Addition of lymphogranuloma venereum (LGV) as a treatment option in “Criteria for inclusion” section Removal of “A single repeat treatment course for individuals who have had sexual intercourse within 7 days of receiving treatment or who have had sex with partner untreated for the above conditions” from “Criteria for inclusion” section Addition of “Individuals with recurrent (recurrence of symptoms 30-90 days following treatment of initial episode of NGU) or persistent NGU” to “Criteria for exclusion” section Addition of “Individuals who are systemically unwell” to “Criteria for exclusion” section Addition of information regarding management of users of doxycycline post exposure prophylaxis (doxyPEP) to “Action to be taken if the individual is excluded or declines treatment” section

PGD development group

Date PGD template comes into effect:	1st April 2026
Review date	1st October 2028
Expiry date:	31st March 2029

This PGD template has been peer reviewed by the national UTI antimicrobial PGD Short Life Working Group in accordance with their Terms of Reference.

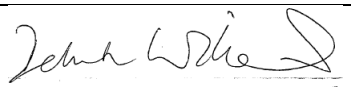
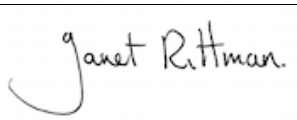
Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD template webpage.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name or Role	Position
Ali Grant	Lead Pharmacist: HIV, Sexual and Reproductive Health
Alison Crompton	Community pharmacy
Dipti Patel	Local authority pharmacist
Dr Cindy Farmer	Vice President, General Training, The College of Sexual and Reproductive Healthcare (CoSRH)
Dr Kathy French	Pan London PGD working group
Dr Rachael Jones	Consultant in HIV and Sexual Health, Chelsea and Westminster NHS Foundation Trust
Dr Rita Browne	Consultant in Sexual Health and HIV
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Heather Randle	Royal College of Nursing
Jo Jenkins (Working Group Co-ordinator to Version 2.0)	Associate Director – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Jodie Crossman	Clinical Nurse Specialist, BASHH Nurse representative, STI Foundation Chair
Portia Jackson	Lead Pharmacist, iCaSH
Sandra Wolper	Associate Director, Specialist Pharmacy Service
Tracy Rogers	Director - Medicines Use and Safety, Specialist Pharmacy Service

Name or Role	Position
Rosie Furner (Working Group Co-ordinator from Version 2.1)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service
Kieran Reynolds (Working Group Co-ordinator from Version 3.0)	Advanced Specialist Pharmacist – Medicines Governance, Medicines Use and Safety Division, Specialist Pharmacy Service

Organisational authorisations

Name	Job title and organisation	Signature	Date
Senior doctor	Dr Deborah Williams GUM/HIV Consultant University Hospitals Sussex		17/2/26
Senior pharmacist	Janet Rittman Public Health Pharmacist Brighton and Hove City Council		6/2/26
Person signing on behalf of the authorising body as defined by NICE	Dr Nicola Lang Director of Public Heath Brighton and Hove City Council		25.2.26

Characteristics of staff

The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.

Qualifications and professional registration	Current contract of employment within a Local Authority or NHS commissioned service or an NHS Trust/organisation Registered healthcare professional listed in the The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions.

Initial training	The registered healthcare professional (HCP) authorised to operate under this PGD must have: Undertaken appropriate training and successfully completed the competencies to undertake clinical assessment of individuals leading to diagnosis of the conditions listed. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory, or a locally developed and delivered training programme. Undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training is the eLfH PGD elearning programme **The BHCC chlamydia testing and treatment service specification details the training and accreditation requirements for Community Pharmacists and Pharmacy Technicians.** **Specifics of the training include:** Pharmacists/pharmacy technicians must complete the * CPPE Sexual health in pharmacies e- learning and e-assessment **OR** the following four subsections of * module 9 – STIs of the FSRH e-SRH on elfh: 09_01: Epidemiology and transmission of STIs 09_02: Sexually transmitted infection (STI) testing 09_03: STI management 09_04: Partner notification Pharmacists/pharmacy technicians must complete the Safeguarding Level 3 training – Safeguarding Children and Adults Level 3 for Community Pharmacists – video on elfh **OR** Safeguarding Level 3 Learning for Healthcare Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3. The pharmacist/pharmacy technician must complete the **Chlamydia Testing and Treatment Service** Declaration of Competence (DoC) on the Centre for Pharmacist Postgraduate Education (CPPE) website

	https://www.cppe.ac.uk/services/declaration-of-competence Pharmacists/pharmacy technicians personalised statement of declaration should be retained and may need to be provided to commissioners and/or employers when required via the CPPE Viewer Pharmacists/pharmacy technicians must also participate in Continuing Professional Development (CPD) as defined by the General Pharmaceutical Council.
Competency assessment	Registered HCPs under this PGD must be assessed as competent or complete a self-declaration of competence for Chlamydia testing and/or treatment. Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• Uncomplicated genital, pharyngeal and/or rectal ***Chlamydia trachomatis*** infection evidenced by contact slip, text message or other written confirmation from the Chlamydia Screening Programme (CSP). • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of any of the conditions detailed below.
Criteria for inclusion	• Consent given. • Aged 13 years and over. All individuals under the age of 19 years – follow local young person's safeguarding information bhscp.org.uk. • Individuals with a positive test for ***Chlamydia trachomatis*** infection in the genitals, rectum or pharynx. • Asymptomatic individuals presenting within 2 weeks of sexual contact with an individual with a confirmed diagnosis of ***chlamydia trachomatis***, who are unwilling/unable to defer testing after the 2-week window period.
Criteria for exclusion	• Consent not given and documented in the individual's clinical notes • Individuals under 13 years of age. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. **Medical history** • Individuals with complicated *Mycoplasma genitalium, Non-gonococcal urethritis (*NGU) or complicated *Chlamydia trachomatis* infection such as epididymitis and/or testicular pain or a clinical diagnosis of proctitis or Pelvic Inflammatory Disease (PID) • Presence of concomitant conjunctivitis and/or joint pain/swelling • Individuals with suspected complicated lymphogranuloma venereum (LGV) infection

	(e.g. evidence of lymphadenopathy or proctocolitis). • Individuals with recurrent (recurrence of symptoms 30-90 days following treatment of initial episode of NGU) or persistent NGU • Individuals who are systemically unwell • Inability to absorb oral medications and/or inability to swallow oral dosage formulations (i.e. capsules or tablets) • Currently breastfeeding • Known or suspected pregnancy • Known myasthenia gravis • Known Systemic Lupus Erythematosus (SLE) • Known oesophagitis or oesophageal ulceration • Known porphyria • Known or suspected hepatic impairment **Medication history** • Known allergy or hypersensitivity to doxycycline, any tetracycline or any of the components of the product - see Summary of Product Characteristics (SPC) on the EMC. **Acceptable sources of allergy information include individual or National Care Record**. • Current long-term use of doxycycline or another tetracycline antibiotic (e.g. treatment of acne vulgaris, prophylaxis of malaria etc.) • Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD • Less than 3 days before receiving, or within 3 days after receiving, oral typhoid vaccine • Individuals unable to separate administration times of interacting medicines (e.g. oral aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some over the counter preparations (e.g. antacids)), lanthanum, sucralfate) and doxycycline by at least 2 hours)
Cautions including any relevant action to be taken	• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or

	medication of which the healthcare professional is unsure or uncertain. **Coumarin anticoagulants (e.g. warfarin, acenocoumarol, phenindione):** Caution should be exercised when supplying doxycycline to individuals taking coumarin anticoagulants: rises in INR reported. Individuals should be advised to have their INR monitored while on treatment with doxycycline and should be counselled re: seeking medical attention if any episode of bleeding develops while taking. **Excipients:** Caution should be exercised when supplying doxycycline capsules or dispersible tablets to individuals who should avoid the following excipients: • **Lactose, sucrose, fructose and sorbitol:** Individuals with rare hereditary problems of galactosaemia, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption, sucrase-isomaltase deficiency, fructose-1,6-bisphosphatase deficiency (also known as hereditary fructose intolerance): check the individual list of excipients available in the SPC before supplying. • **Aspartame:** Individuals with phenylketonuria (PKU) must not use medicines containing aspartame. Check the individual list of excipients available in the SPC before supplying
Actions to be taken if the individual is excluded or declines treatment	• **Doxycycline post exposure prophylaxis (doxyPEP) users and chlamydia contacts:** ○ Asymptomatic doxyPEP users who are contacts of chlamydia and took doxyPEP within 72 hours of exposure - as per BASHH guidance ○ Asymptomatic doxyPEP users who are contacts of chlamydia and attending within 72 hours of exposure but have not yet taken doxyPEP, should consider taking a dose of doxyPEP instead of being offered standard epidemiological treatment - as per BASHH guidance **Please note**: DoxyPEP users are excluded from treatment under the scope of the community pharmacy service however they should be referred to SHAC Brighton Sexual Health and Contraception Service and Clinics for treatment advice.

	• **If the presenting individual is under 13 years of age the healthcare professional should speak to local safeguarding lead** and follow the local safeguarding policy (note under 13 years of age excluded from treatment under this PGD). • If declined ensure individual is aware of the need for treatment and the potential consequences of not receiving treatment. • Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • Consider if azithromycin can be used (see separate PGD). • Where required refer the individual to a suitable health service provider if appropriate and/or provide them with information about further options

Description of treatment

Name, form and strength of medicine	Doxycycline 50mg or 100mg capsules or 100mg dispersible tablets.
Legal category	POM
Route or method of administration	Orally, swallowed whole with plenty of water while sitting or standing and staying upright for at least 30 minutes after taking. If gastric irritation occurs, doxycycline can be taken with food or milk
Off-label use	**Off-label use**. **Temperature variations**: Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as

	appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management. Where a drug is recommended off-label consider, as part of the consent process, informing the individual/carer/parent/guardian that the drug is being offered in accordance with national guidance but that this is outside the product license.
Dose and frequency of administration	100mg twice daily
Duration of treatment	7 days
Quantity to be supplied	Appropriately labelled pack of: 28 x 50mg capsules OR 14 x 100mg capsules OR 14 x 100mg dispersible tablets. ** Note: when a PGD is used for a further supply of a medicine, each practitioner working under the PGD needs to assess the individual against the PGD for each discrete episode of care and ensure that records are maintained in line with the requirements of the PGD.*
Storage	Stock must be securely stored according to organisation medicines policy and in conditions in line with the SmPC, which is available from the electronic Medicines Compendium website:
Drug interactions	Where it is known an individual is concurrently taking the following medicine, treatment should not be undertaken under this PGD and the individual referred to a prescriber: • Ciclosporin • Acitretin, alitretinoin, isotretinoin, tretinoin • Lithium • Enzyme inducing anti-epileptic medications (carbamazepine, fosphenytoin, phenobarbitone/phenobarbital, primidone, phenytoin) • Typhoid vaccine (oral): see Criteria for exclusion

	See BNF for all drugs that can interact with doxycycline. A detailed list of drug interactions is available in the SmPC, which is available from the electronic Medicines Compendium website
Identification and management of adverse reactions	A detailed list of adverse reactions is available in the SmPC, which is available from the electronic Medicines Compendium website and the BNF The following side effects are listed in the product SPC or BNF as **common** with doxycycline (but may not reflect all reported side effects): • Diarrhoea • Hypersensitivity reactions • Headache • Nausea, vomiting • Photosensitivity skin reactions • Rash including maculopapular, erythematous rashes and Henoch-Schonlein purpura • Urticaria • Hypotension • Pericarditis • Tachycardia • Dyspnoea • Peripheral oedema Individuals should be informed about potential side effects including photosensitivity, headache, nausea, vomiting, dyspepsia and rash. **Photosensitivity reactions:** advise individuals to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. If exposure to sunlight is unavoidable, advise individuals to protect their skin by: • Wearing clothes that cover them up, • Wearing a hat and sunglasses, • Using a high factor (minimum SPF 30) sunscreen or sunblock.

	Gastric irritation: If individuals experience nausea or vomiting while taking doxycycline, advise them to take it with food or milk. Severe adverse reactions are rare, but anaphylaxis (delayed or immediate) has been reported and requires immediate medical treatment. Information on anaphylaxis can be found on the NHS website In the event of a severe adverse reaction, the individual must be advised to stop treatment immediately and seek urgent medical advice.
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers/parents/guardians are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy. • It is considered good practice to notify the individual's GP in the event of an adverse reaction.
Written or other information to be given to individual/carer/parent/guardian	**Medication:** • Give patient information leaflet (PIL) provided with the original pack. • Explain mode of action, side effects, and benefits of the medicine. • Inform individual of possible side effects and their management (see Identification & management of adverse reactions for further information), including advice to swallow whole with plenty of water while sitting or standing and to stay upright for at least 30 minutes after taking. • Advise individual that if the individual experiences nausea or vomiting while taking doxycycline, they can take it with food or milk. • Advise individual to separate administration of antacids or preparations containing aluminium/calcium/magnesium/iron/zinc/bismuth salts (including some bought over the counter), lanthanum, sucralfate and doxycycline by at least 2 hours.

	○ Note: consider medicines contained within a medicines compliance aid (MCA or "blister pack") and tailor advice (i.e. alerting individual which medicines to omit while on treatment) to individual on a case-by-case basis. • Advise individual to avoid exposure to direct sunlight or ultraviolet light (including sunbeds and sun lamps) while taking doxycycline. • Advise individual to seek medical advice in the event of an adverse reaction. • Advise individual to seek immediate medical attention (by calling 999 or going to A&E) if the individual develops signs or symptoms of sepsis as described on the NHS website. • Advise individual to return any unused medicines to a pharmacy for disposal: Do not dispose of medicines in the bin, down the sink or toilet. **Condition:** • Verbal and written information on *Chlamydia trachomatis* • Discuss implications of incompletely treated/untreated infection of self or partner/s • Advise to abstain completely from sexual intercourse (even with condoms) including oral sex, during treatment, for 7 days after treatment and for 7 days after partner(s) treatment – Where not achievable advise on use of condoms. • Discuss risk of re-infection, and further transmission of infection, if after treatment sexual intercourse takes place with an untreated partner/s. • Discuss partner notification and issue contact slips if appropriate. • Offer condoms and advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs). • Where treatment not supplied via a sexual health clinic ensure the individual has contact details of local sexual health services.

Individual advice / follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • Follow local protocol for Chlamydia follow-up and partner notification. • Individuals who have not had a full STI screen (or who did not have Chlamydia diagnosed in a sexual health clinic) should be advised to attend an appropriate service for a full STI screen. • Routine follow-up/TOC for uncomplicated Chlamydia following treatment with doxycycline is unnecessary, except in the following situations where local protocols should be followed: o Where poor compliance is suspected o Where symptoms persist o Rectal infections o Under 25 year olds o *Mycoplasma genitalium* infection*Mycoplasma genitalium* infection
Records to be kept	Appropriate records must include the following: • The consent of the individual and o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. o If individual over 16 years of age and not competent, record action taken • If individual not treated under PGD record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical and sexual history, including medication history. • Examination or microbiology finding/s where relevant. • Any known allergies and nature of reaction • Name of registered health professional

	• Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date in line with local procedures • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Any referral arrangements made • Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD) Records must be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy. All records must be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.

Key references (last accessed August 2025)

- Electronic Medicines Compendium
- Electronic BNF
- NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017
- British Association for Sexual Health and HIV (BASHH) CEG September 2018 – Update on the treatment of *Chlamydia trachomatis* (CT) infection
- British Association for Sexual Health and HIV (BASHH) UK National Guideline on the management of non-gonococcal urethritis
- British Association for Sexual Health and HIV (BASHH) national guideline for the management of infection with *Mycoplasma genitalium*

- British Association for Sexual Health and HIV (BASHH) CEG July 2013 – UK national guidelines for the management of lymphogranuloma vernereum
- British Association for Sexual Health and HIV (BASHH) STI and Related Conditions in Children and Young People guidance
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018

Appendices

Appendix A - Registered health professional authorisation sheet

Pharmacist/Pharmacy Technician

PGD Name: Doxycycline for the treatment of uncomplicated *Chlamydia trachomatis*

Version: V3 (BN2018 14)

Valid from: 1st April 2026

Expiry: 31st March 2029

Before signing this PGD, check that the document has the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction, you are indicating that you agree to its contents and that you will work within it and agree with the following statement:

'I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.'

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence and professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of …….. for the above-named health care professionals who have signed the PGD to work under it.

Name	Designation	Signature	Date

Note to authorising manager

Please add the name of the organisation above**.**

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Records

A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with BHCC service contract and specification.

- For adults all PGD documentation in a patient's clinical record must be kept for 8 years after the last entry.
- For children all PGD documentation in a patient's clinical record must be kept until the child is 25 years old or for 8 years after a child's death.