



MidAtlantic AIDS Education and Training Center Non-Occupational Post-Exposure Prophylaxis (nPEP)

The CDC recommends rapidly evaluating for nPEP when care is sought ≤ 72 hours after a potential nonoccupational exposure that presents a substantial risk for HIV acquisition



Definition of nPEP?

- » Non-occupational post-exposure prophylaxis (nPEP) is the use of antiretroviral drugs to prevent HIV after a high risk exposure.
- » High risk exposure may include the following (with partner of unknown HIV status or who is infected with HIV and does not have an undetectable viral load)
 - Condomless receptive and insertive vaginal or anal intercourse
 - Sexual assault
 - Sharing needles and drug injection equipment
 - Penetrative injuries (e.g., needlestick, human bites, accidents) with exposure to blood or other potentially infected fluids
- » Starting medications immediately after exposure for nPEP is extremely important. This should be done as soon as possible but not later than 72 hours (3 days) after the exposure.
- » PEP consists of 3 drug antiretroviral regimen taken daily for 28 days.
- » Persons exposed should have an HIV antibody test at baseline, 6 weeks, 12 weeks, and 6 months after the exposure.
 - If a 4th generation antigen/antibody test is used, HIV testing can be done at baseline, 6 weeks, and 4 months. Testing should be done regardless of whether the exposed person accepts or declines nPEP treatment.

Key concepts for primary care providers:

- » Quickly evaluate patients for nPEP if the high-risk exposure is less than 72 hours. Every hour counts.
- » Perform an HIV test prior to starting nPEP. Rapid testing is preferred. If a rapid test is not available, send blood sample to the lab and follow-up with the patient as soon as results are available.
- » Consult National Clinician Consultation Center (NCCC) PEline or a HIV Clinical Pharmacist for questions about dosing in patients with renal disease.
- » Do not stop nPEP while waiting for the HIV results.
- » If the patient tests HIV positive and no previous ART treatment, keep them on nPEP and refer to an HIV specialist as soon as possible for immediate follow-up.
- » nPEP is NOT recommended more than 72 hours after the exposure occurred. Consult the NCCC PEline assistance or call your regional AETC.
- » For pediatric patients, consult the NCCC PEline.
- » Risk reduction, HIV/STI prevention counseling, and screening should be provided for any patient that may be starting nPEP.
- » For patients who continue to be at high risk for HIV exposure, consider pre-exposure prophylaxis (PrEP) counseling and refer to a PrEP experienced provider if needed.

Start nPEP

- Moderate to high-risk HIV exposure as defined by the CDC
- <24 to 72 hours after exposure, <24 hours preferred

Test

- HIV Ag/Ab or Ab rapid test
- Screen for STIs, HCV, HBV, pregnancy

Treat

- Determine regimen
- Must be taken for 28 days total

Adults and adolescents
>13 yrs. old and serum
creatinine >60

Follow Up

- Monitor adherence and side effects
- Schedule follow-up appointments, lab results
- Consider PrEP if there is ongoing potential for exposure

Summary nPEP Procedure:

Choose regimen

Tenofovir/Emtricitabine (300/200mg) (Truvada*) 1 tab PO daily + Dolutegravir (Tivicay *) 50mg 1 tab daily

Tenofovir/Emtricitabine (300/200mg) (Truvada*) 1 tab PO daily + Raltegravir 400mg (Isentress*) 1 po BID

Alternative regimen

If an alternative regimen is needed, refer to a PEP specialist or call the PEP line at 1-888-448-4911.

Important:

Consult NIH guidelines (see references), your regional AETC or the National Clinician Consultation Center (NCCC) for additional information

National Clinician Consultation Center PEpline: 1-888-448-4911

For additional assistance <http://nccc.ucsf.edu>

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REFERENCES:

Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV - United States, 2016

<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

PEP: Post-Exposure Prophylaxis, National Clinician Consultation Center, University of California, San Francisco

<https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

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