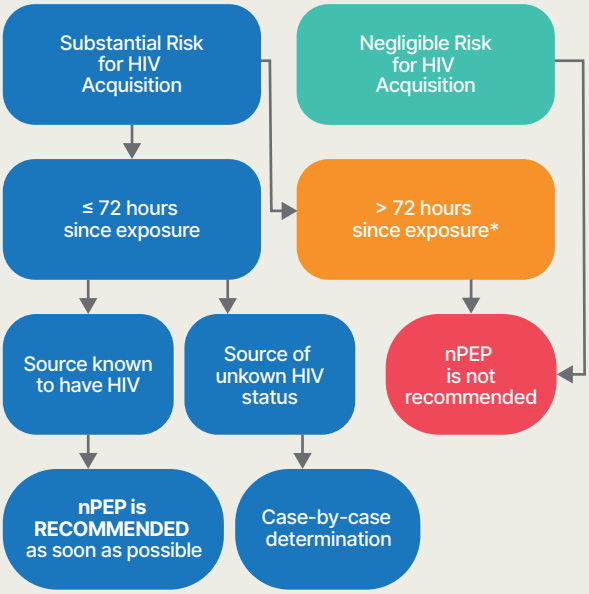
nPEP

Non-Occupational Post-Exposure HIV Prevention

Assessment, treatment, and follow-up recommendations for people with known or potential exposures to HIV and other infections. Health care providers should evaluate persons rapidly for nPEP when care is sought ≤72 hours after an exposure that presents a substantial risk for HIV acquisition.

Risk Assessment



*Some clinicians would offer nPEP on a case-by-case basis.

Substantial Risk for HIV Acquisition

Exposure of: vagina, penis, rectum, eye, mouth or other mucous membrane, non-intact skin, or percutaneous contact

With: blood, semen, vaginal secretions, rectal secretions, breast milk, any body fluid that is visibly contaminated with blood

When: the source is known to have HIV

Negligible Risk for HIV Acquisition

Exposure of: any body part

With: urine, nasal secretions, saliva, sweat, tears (if visible blood, see "Substantial Risk for HIV Acquisition")

When: regardless of the known or suspected HIV status of the source

Laboratory Assessment

- **HIV Ag/Ab:** Rapid (point of care) antigen/antibody (Ag/Ab) combination test is preferred, but if not available, a non-rapid lab-based HIV Ag/Ab combination test alone should be done. Consider also sending an HIV NAT if the person has recently taken oral antiretrovirals or had a cabotegravir injection for PrEP during the past 6 months.
  - If the rapid HIV test is reactive (positive), the person does not need nPEP, but should be informed and offered immediate antiretroviral therapy and linked to ongoing HIV care **(before being discharged).**
  - Oral fluid–based rapid HIV tests are not recommended for HIV screening for nPEP.
- **Gonorrhea (GC) and chlamydia (CT) NAAT:** Offer tests according to sites of sexual contact (e.g., swabs for oropharyngeal, rectal, vaginal sites; urine for urethral site).
  - For post-sexual assault patients, STI testing should be considered; empiric treatment should be provided whether or not STI testing is done.
- **Syphilis test:** RPR/VDRL or treponemal test
- **Urine pregnancy test** for persons at risk of pregnancy
- **Serum creatinine, ALT, AST**
- **Hepatitis B sAb, cAb, sAg**
- **Hepatitis C Ab**

Treatment

Adults and adolescents (≥13 years) see below. Regimens for children and people with reduced renal function are also available. **Contact the no-cost National Clinician Consultation Center PEPline at 844-ASK-NCCC (844-275-6222).**

If rapid HIV testing result is negative (non-reactive), or if lab-based test is sent and is pending, offer nPEP and as appropriate, STI treatment, emergency contraception, hepatitis B prophylaxis, mpox, and HPV vaccination:

HIV prophylaxis: Administer first dose of nPEP on site as soon as possible after a negative rapid HIV test result is obtained or a non-rapid HIV test is sent.

- bictegravir (BIC)/emtricitabine (FTC)/tenofovir alafenamide (TAF) (Biktarvy) **1 tablet PO daily x 28 days** OR
- dolutegravir (DTG) 50mg + tenofovir alafenamide (TAF) 25mg/emtricitabine (FTC) 200mg (Descovy) **1 tablet PO daily x 28 days** OR
- dolutegravir (DTG) 50mg + tenofovir disoproxil fumarate (TDF) 300mg/emtricitabine (FTC) 200mg (Truvada) **1 tablet of each PO daily x 28 days**
- Truvada should not be used for those with CrCl less than 60 mL/min; an alternative regimen must be used in those circumstances.

Sexually transmitted infection empiric treatment: offer to all patients post-sexual assault and consider for others with sexual exposures (oral, vaginal, or rectal exposures)

- For men who have sex with men, consider offering a doxy-PEP prescription, a single 200 mg dose of doxycycline taken within 72 hours of condomless sex to reduce the risk of syphilis, chlamydia and gonorrhea transmission
  - **GC:** Ceftriaxone (500 mg IM x 1 [1,000 mg IM for persons weighing ≥ 150 kg]) is the recommended treatment for GC and should not be substituted with another antibiotic unless there are clear contraindications (see CDC 2021 STI Treatment Guidelines for alternative).
  - **CT:** doxycycline 100 mg PO twice/day x 7 days (or if pregnant, azithromycin 1 gram PO x 1)
  - If risk of vaginitis: metronidazole 500mg PO twice daily x 7 days
  - Emergency contraception: Offer to persons at risk of pregnancy with a negative pregnancy test.
- **Hepatitis B prophylaxis:** Administer 1 dose of hepatitis B vaccine to persons not previously vaccinated or incompletely vaccinated. If the exposure source is available for testing and is HBsAg positive, unvaccinated exposed persons should be given both hepatitis B vaccine and hepatitis B immune globulin during the initial nPEP evaluation. Follow-up dose(s) of hepatitis B vaccine should be administered according to the vaccine prescribing information. Previously vaccinated exposed persons who did not receive postvaccination testing should be provided a single hepatitis B vaccine booster dose.
- Prophylaxis against hepatitis C is not recommended.
- **HPV vaccination:** For those aged 9 to 45 years inclusively, offer HPV vaccination dose if not adequately vaccinated previously (see Gardasil package insert).
- **Mpox vaccination:** Offer to anyone with a known or suspected exposure to mpox and to men who have sex with men.

Patient Education

- Possible nPEP drug side effects: nausea, GI upset, headache, myalgias
- Possible nPEP drug interactions: antacids, calcium, iron supplements
- Stress the importance of adherence to the nPEP regimen for 28 days, without interruption
- For those with ongoing risk of HIV infection, offer PrEP initiation immediately after completion of the 28-day course of nPEP

Follow-up

- **Contact should be made within 24 hours** to confirm access to nPEP medications and to assess tolerability and adherence, and follow up arrangements should be made for 4-6 weeks after initiating nPEP
- HIV Ag/Ab combination, HIV NAT, and syphilis test at 4-6 weeks and 12 weeks after exposure
- HBV and HCV serology tests at 6 months after initial non-reactive test if susceptible at baseline
- Offer immediate transition from PEP to PrEP for anyone with anticipated or potential repeat HIV exposures

Visit the AETC National Coordinating Resource Center at **aidsetc.org/npep** for additional resources, references, and provider assistance links.

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