Prescribing nPEP

A guide for hospitals & healthcare facilities in rural areas

This infographic provides recommendations for prescribing non-occupational post-exposure prophylaxis (nPEP) at rural healthcare facilities in the U.S. to minimize the risk of acquiring HIV infection after a sexual assault or non-assaultive sexual exposure.

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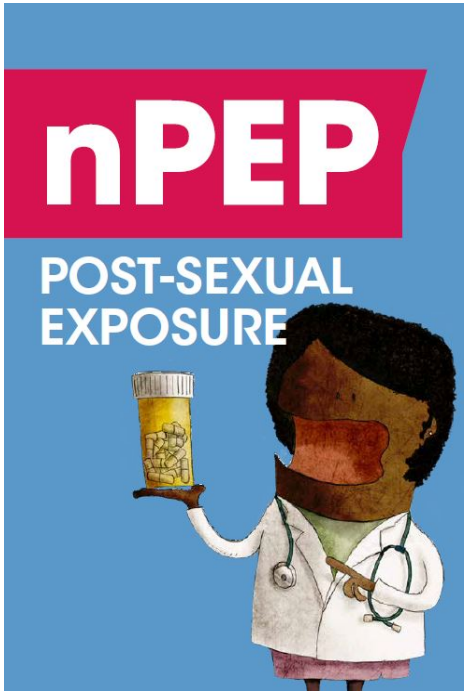


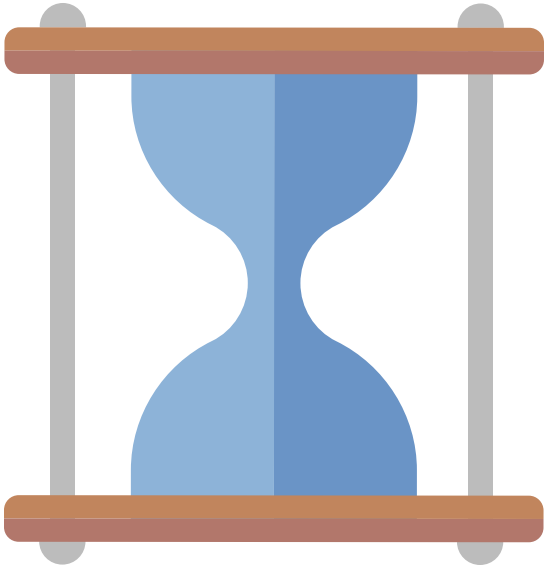
What is nPEP? [1]

nPEP is the use of antiretroviral drugs after a single high-risk event to prevent HIV acquisition

What are sexual HIV acquiring risks?[2]

- Unprotected (no condom or pre-exposure prophylaxis) intercourse or vaginal assault with a known person living with HIV (PLWH) or someone of unknown status
- Unprotected rectal intercourse or assault with known PLWH or someone of unknown status

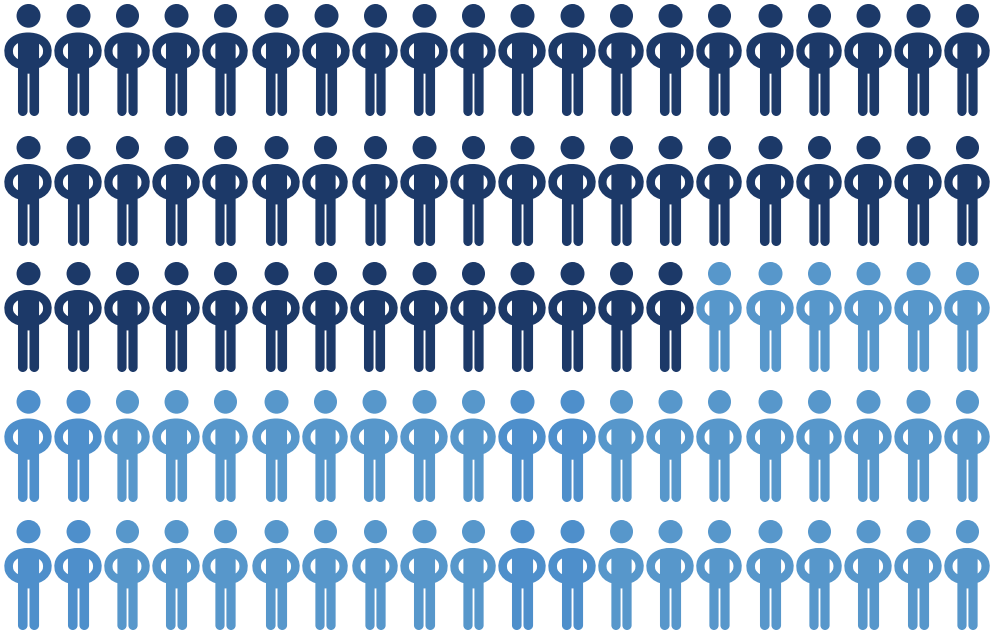
Why is this important?[3]



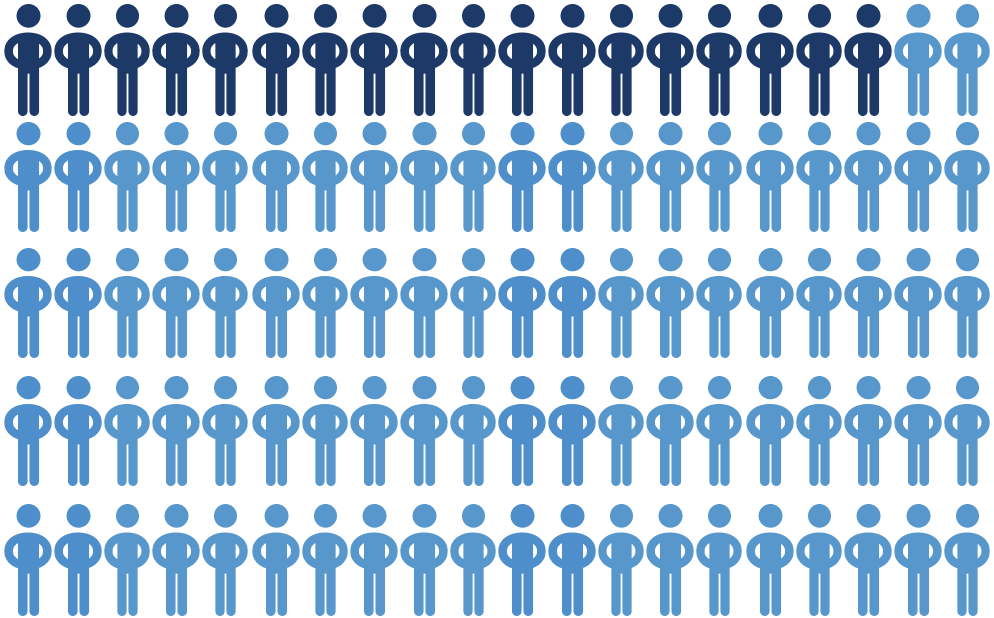
Early initiation of nPEP is essential, i.e., as soon as possible after the exposure but not later than 72 hours after the exposure.

In one study of rural emergency departments in one state:[4]

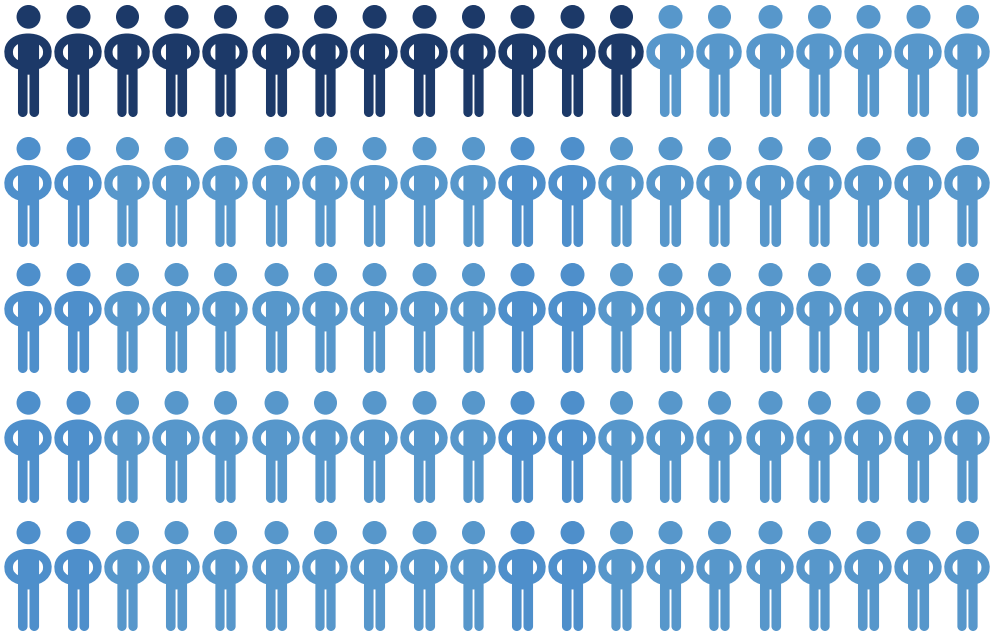
54% **offered STD prophylaxis treatment to sexual assault patients**



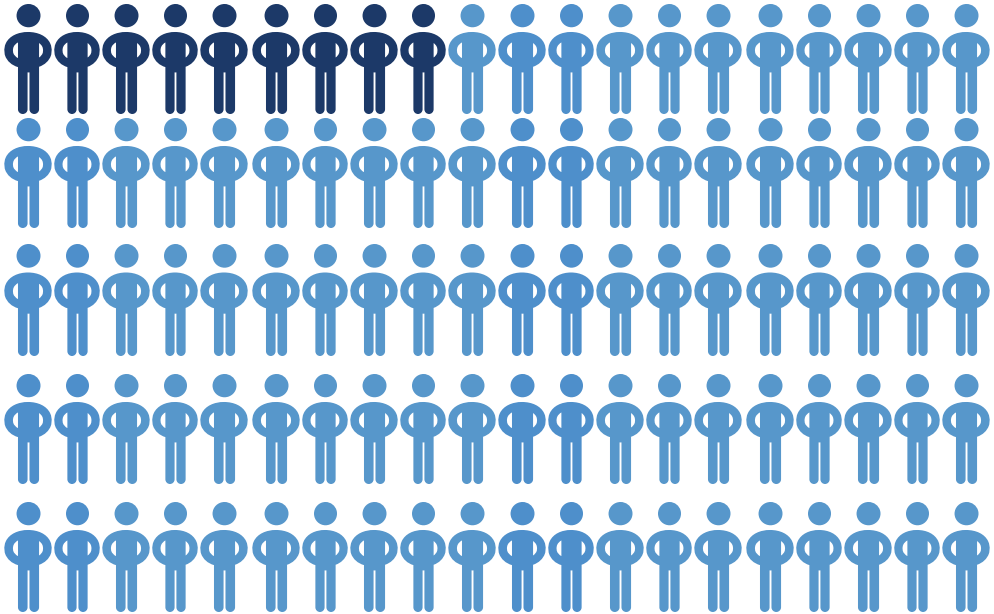
18% had no sexual assault protocols in place



13% offered on-site HIV testing only



Only 9% offered nPEP



Common reasons providers [5,6] give for not prescribing nPEP

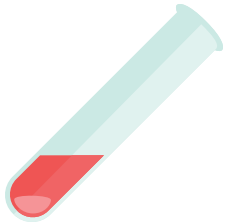
- Concern of drug side effects
- Concern of drug resistance: there is a potential risk of drug resistance with poor nPEP adherence and HIV exposure

- Perception of "low-risk" exposure
- No or limited health insurance
- Lack of knowledge of nPEP guidelines

Key concepts for providers[7]

- **Evaluate persons rapidly for nPEP** when care is sought ≤72 hours after a potential exposure

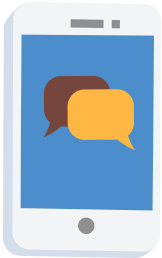
- **Do an HIV test before initiating nPEP** (if rapid testing not possible, send blood to lab and initiate nPEP immediately – follow-up with results and patient asap stopping nPEP only if test result is confirmed positive)



- **All persons offered nPEP should be prescribed a 28-day course** of a 3-drug antiretroviral regimen, and given the first dose **ON SITE ASAP** after the exposure

- **Adherence** to recommended dosing for 28 days without interruption **is essential**

- **Emphasize that severe adverse effects from nPEP are rare**, but review possible side effects and reinforce the limitedness of such effects



- **Follow-up is important** for additional counseling and monitoring

Clinician-to-clinician assistance with nPEP-related decisions

AETC National Clinician Consultation Center's (NCCC) Post-Exposure Prophylaxis Hotline (PEPline): 888-HIV-4911 (888-448-4911)
9:00 AM - 9:00 PM ET, 7 days/week

The AETC NCCC PEPline works with providers to:

- Assess the risk of exposure
- Determine the appropriateness of prescribing PEP
- Select the best PEP regimen
- Provide recommendations for follow-up testing

References:

1. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. *Post-Exposure Prophylaxis (PEP)*, 2016. https://www.cdc.gov/hiv/risk/pep/

2. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. *Factors Increasing the Risk of Acquiring or Transmitting HIV, 2015.* https://www.cdc.gov/hiv/risk/estimates/riskfactors.html

3. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV U.S.*, 2016. https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf

4. Crow, A., Ahmed, T., Kumar, R., Katner, H.P., *Statewide Survey of Emergency Department Practice for Prophylaxis of Sexually Transmitted Infections in Rape Victims.* Infectious Diseases Society of America, October 4, 2013, Session 137: Presentation 1138

5. Sultan B, Benn P, Waters L. *Current perspectives in HIV post-exposure prophylaxis*. HIV/AIDS (Auckland, NZ). 2014;6:147-158. doi:10.2147/HIV.S46585. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4216036/

6. Djelaj, V., Patterson, D., & Romero, C. M. (2017). *A Qualitative Exploration of Sexual Assault Patients' Barriers to Accessing and Completing HIV Prophylaxis*. Journal of Forensic Nursing, 13(2), 45-51. doi:10.1097/jfn.0000000000000153. https://insights.ovid.com/pubmed?pmid=28525428

7. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. *Sexual Assault and Abuse and STDs,* 2017. https://www.cdc.gov/std/tg2015/sexual-assault.htm#riskHIV

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