**Non-occupational Post-Exposure Prophylaxis (nPEP) Infographic**

* + **What is PEP?**
    - PEP is the use of antiretroviral drugs after a single high-risk event to prevent HIV seroconversion

<https://www.cdc.gov/hiv/risk/pep/>

* + **Sexual HIV Acquiring Risks** 
    - Unprotected (no condom and no PrEP) vaginal assault or intercourse with known PLWH or someone of unknown status
    - Unprotected rectal assault or intercourse with known PLWH or someone of unknown status

<https://www.cdc.gov/hiv/risk/estimates/riskfactors.html>

* + **Common Reasons Providers Give for Not Prescribing PEP** 
    - Concern of drug side effects
    - Concern of drug resistance: there is a potential risk of drug resistance with poor PEP adherence and HIV exposure

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4216036/>

* + - Perception of “Low-risk” exposure including providers in lower-prevalence communities
    - No or limited health insurance
    - Lack of knowledge of PEP guidelines

<https://insights.ovid.com/pubmed?pmid=28525428>

* **Key Concepts**
  + - Evaluate persons rapidly for PEP when care is sought ≤72 hours after a potential exposure that presents a substantial risk for HIV acquisition
    - Early initiation of PEP is essential (i.e., as soon as possible after the exposure but not later than 72 hours after the exposure)
    - Do an HIV test before initiating PEP (if rapid testing not possible, send blood to lab and initiate PEP immediately – follow-up with results and patient asap stopping PEP only if test result is confirmed positive)
    - All persons offered PEP 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
    - Providers should emphasize that severe adverse effects are rare from PEP, but review possible side effects and reinforce limitedness of such effects
    - Follow-up is important for additional counseling and monitoring

<https://www.cdc.gov/std/tg2015/sexual-assault.htm#riskHIV>

* **Clinician-to-clinician Assistance with PEP-related Decisions**

Post-Exposure Prophylaxis Hotline (PEPline):

**888-HIV-4911 (888-448-4911)** from 9:00 AM - 9:00 PM ET, 7 days/week

* + - * Assessing the risk of exposure
      * Determining the appropriateness of prescribing PEP
      * Selecting the best PEP regimen
      * Providing follow-up testing

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