TREATMENT

ADULTS AND ADOLESCENTS (12+ YEARS):
Sexually transmitted GC/CT and other infections:
- all med(s) administered on site by clinician
- initial evaluation must include:
  - bloodwork (serum creatinine, ALT, AST: estimated creatinine clearance)
  - rapid HIV Ag/Ab testing

INITIAL TREATMENT, PATIENT EDUCATION/ COUNSELING & FOLLOW UP VISITS:
- follow-up must be scheduled at 72 hours & 4 weeks after initiating nPEP
- possible drug side effects: nausea, GI upset, headache, myalgias
- possible drug interactions: antacids, calcium, iron supplements
- stress adherence importance to nPEP regimen for 28 days without interruption
- hepatitis B virus surface antigen (HBsAg) for those with known or probable prior HBV infection
- severe acute exacerbations of HBV have been reported in HBV-infected people who have stopped taking hepatitis B vaccine or who have antibody against hepatitis B virus (anti-HBs) levels that are below protective levels

BASELINE TESTS TO CONSIDER FOR PERSONS BEING SEEN FOR NONOCCUPATIONAL POST EXPOSURE PROPHYLAXIS (nPEP):
- Gonorrhea & chlamydia (GC/CT) - swabs of all sites of sexual contact including oropharyngeal, rectal, and genital: urine testing may be considered in place of genital testing
- routine bloodwork in assessing renal & liver function (serum creatinine, ALT, AST: estimated creatinine clearance)
- Hepatitis B virus surface antigen (HBsAg) for those with known or probable prior HBV infection
- 5 All persons offered nPEP should be prescribed a 28-day course of a 3-drug ARV regimen.
- 6 Pre-exposure prophylaxis (PrEP): contact the Clinician Consultation Center at 1-888-448-7737 for clinician-to-clinician advice.
- 7 Additional information on the use of dolutegravir in pregnancy can be found at: https://www.gsk.com/en-us/healthcare-professionals/secondary/gsk-pfizer-relationship
- 8 Syphilis serology: to be dosed 600 mg PO 1 hour before and 24 hours after (dosing information lead-zinc/mercury-free/lysine-compatible
- 9 Expanded use of Gardasil: https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm622715.htm For those 9-45 years inclusively, offer on-site treatment for GC/CT, & for trichomonas (when risk of vaginitis). For all post-sexual exposures (oral, vaginal, rectal exposures), offer on-site treatment for GC/CT, & for trichomonas (when risk of vaginitis). For post-sexual assault patients, the need for STI testing should be considered.
- 10 Severe acute exacerbations of HBV have been reported in HBV-infected people who have stopped taking hepatitis B vaccine or who have antibody against hepatitis B virus (anti-HBs) levels that are below protective levels
- 11 For persons at risk of pregnancy with a negative pregnancy test, offer emergency contraception.

IF RAPID HIV TESTING RESULT IS “NEGATIVE” (NON-REACTIVE), OFFER nPEP AND:
- known or probable prior HBV infection
- hepatitis B vaccine & hepatitis B immune globulin during the initial evaluation. Follow-up dose(s) should be administered as per vaccine package insert. Previously vaccinated exposed persons who did not receive postvaccination testing should receive a single vaccine booster dose. For those 9-45 years inclusively, offer on-site vaccination if not adequately vaccinated previously.
nPEP is not recommended when care is sought >72 hours after exposure. If >72 hours after exposure, consult with an expert or contact the Clinician Consultation Center PEP line.

Additional Information:
- 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. The decision to recommend nPEP should not be influenced by the geographic location of the assault/exposure.
- nPEP is not recommended when care is sought >72 hours after exposure. If >72 hours after exposure, consult with an expert or contact the Clinician Consultation Center PEP line.
- Regimens are available for children, and persons with decreased renal function.
- A case-by-case determination about nPEP is recommended when the HIV infection status of the source of the body fluids is unknown and the reported exposure presents a substantial risk for transmission if the source did have HIV infection.
- Follow-up for people receiving nPEP is important and should be provided by or in consultation with a clinician experienced in managing nPEP. Providers who do not have access to a clinician experienced in providing nPEP follow-up should make linkages with community providers with this experience or contact the Clinician Consultation Center PEP line at (888) 448-4911 for assistance.

nPEP
TREATMENT NEEDS
POST-Sexual EXPOSURE

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