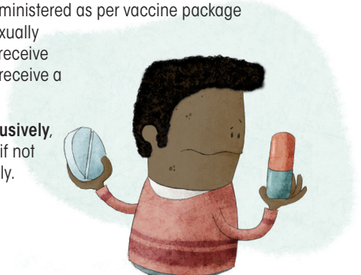
TREATMENT

ADOLESCENTS AND ADULTS (≥13 YEARS):

- **Sexually transmitted GC/CT and trichomonas infections:** all meds administered on site by provider[4] – azithromycin 1 gram PO X 1 & ceftriaxone 250 mg IM x 1 & (if risk of vaginitis) metronidazole 2 grams PO x 1.
- **HIV prophylaxis:** TDF/FTC (Truvada™) + dolutegravir (Tivicay™)[5] – 1 tab each PO daily x 28 days (administer first dose on site as soon as possible after rapid HIV negative status obtained or non-rapid HIV test sent).
- **Emergency contraception:** for persons at risk of pregnancy.
- **All persons not known to be previously vaccinated against HBV, should receive hepatitis B vaccination (without hepatitis B immune globulin), with the first dose administered during the initial examination.** If the exposure source is available for testing & is HBsAg-positive, unvaccinated nPEP patients should receive both 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 sexually assaulted persons who did not receive postvaccination testing should receive a single vaccine booster dose.



- **For those ages 9-26 years inclusively**, offer first HPV vaccination dose if not adequately vaccinated previously.

TESTS TO CONSIDER FOR ALL PERSONS BEING SEEN FOR NON-OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (nPEP):

- **Gonorrhea & chlamydia (GC/CT)**[1] – swabs of all sites of sexual contact including oropharyngeal, rectal, and genital; urine testing may be considered in place of genital testing.
- Rapid **HIV Ab/Ag testing**[2].
- **Urine pregnancy test** for persons at risk of pregnancy.
- **Routine bloodwork in assessing renal & liver function** (serum creatinine, ALT, AST; estimated creatinine clearance).

IF RAPID HIV TESTING RESULT IS "NEGATIVE" (NON-REACTIVE),[2] OFFER nPEP

- **For persons at risk of pregnancy with a negative pregnancy test**, offer emergency contraception.
- **For all post-sexual exposures** (oral, vaginal, rectal exposures), offer on-site treatment for GC/CT, & for trichomonas (when risk of vaginitis).
- **Follow-up must be scheduled at 72 hours & 4 weeks after initial treatment**.

INITIAL TREATMENT & AT FOLLOW-UP VISITS:

- Possible drug side effects: nausea, GI upset, headache, myalgias.
- Possible drug interactions: antacids, calcium, iron supplements.
- Importance of adherence to nPEP regimen for 28 days without interruption.
- PrEP[6] initiation immediately after finishing 28-day nPEP prescription for those with ongoing risk.
- HIV Ag/Ab testing at 6 weeks & 3 months post initial non-reactive test.
- HBV & HCV serology testing at 6 months post initial non-reactive test.

FOR PEDIATRIC, DECREASED RENAL FUNCTION OR OTHER INSTRUCTIONS:

- **Clinician Consultation Center PEPline at (888)448-4911 for assistance http://nccc.ucsf.edu/.**
- **CDC's 2016 nonoccupational PEP guidelines, Tables 5-6: https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf.**
- **International Association of Forensic Nurses National Pediatric Protocol at kidsta.org.**

Footnotes:

1 For post-sexual assault patients, the need for STI testing should be considered on an individual basis: http://www.safeta.org/?page=ExamProcessSTI or https://www.cdc.gov/std/tg2015/sexual-assault.htm.

2 Preferably a rapid 4th generation (Ag/Ab) test should be done, but if not available, non-rapid HIV testing should be done. If non-rapid testing is done, START nPEP immediately & arrange follow-up in 1-2 days for HIV results.

3 If the HIV test is reactive/positive, the person should NOT be given nPEP, but be provided supportive counseling & connected to an HIV primary care or specialty care (ID) provider immediately (before being discharged).

4 Ceftriaxone is the recommended treatment for GC & should not be substituted with another antibiotic unless there are clear contraindications for its use. If contraindicated, refer to CDC 2015 STD Treatment guidelines for alternative https://www.cdc.gov/std/tg2015.

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.

For feedback, questions, or more of this resource, contact us at info@aidsetc.org.

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02/2018

nPEP

POST-SEXUAL EXPOSURE

nPEP

TREATMENT NEEDS POST-SEXUAL EXPOSURE

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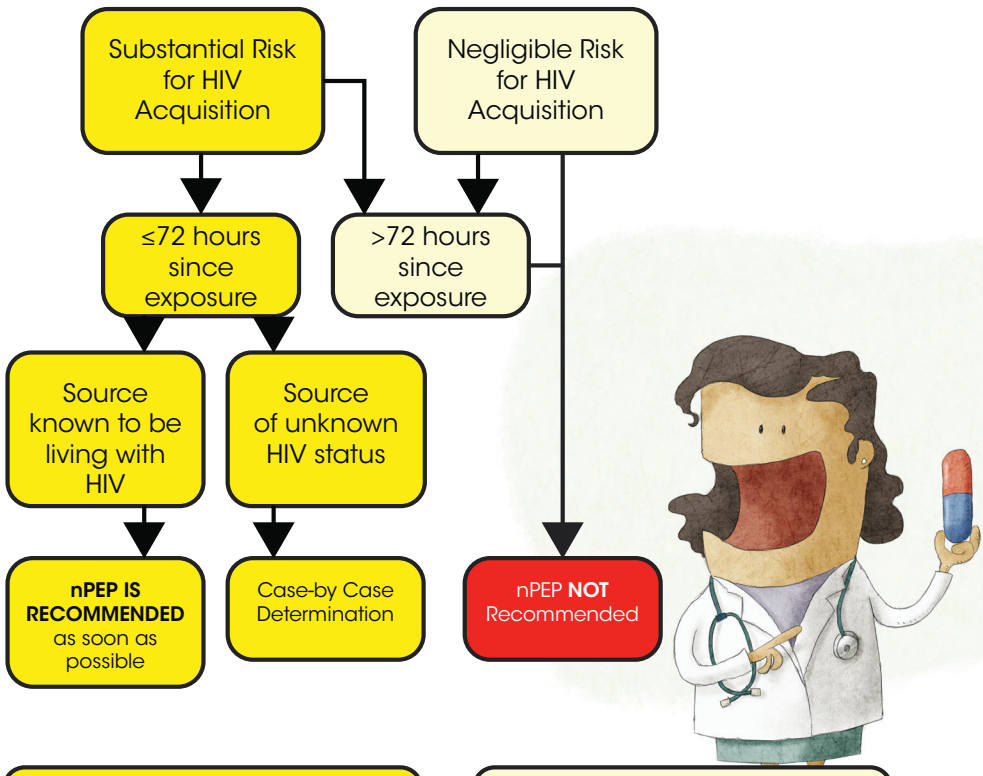

Substantial Risk for HIV Acquisition

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

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

When the source is known to be living with HIV

Negligible Risk for HIV Acquisition

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

With urine, nasal secretions, saliva, sweat, or tears if not visibly contaminated with blood

Regardless of the known or suspected HIV status of the source

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 potential exposure.
- 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 PEPline at (888)448-4911 for assistance http://nccc.ucsf.edu/.

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