



MidAtlantic AIDS Education and Training Center Non-Occupational Post-Exposure Prophylaxis (nPEP)

The CDC recommends rapidly evaluating for nPEP when care is sought ≤ 72 hours after a potential nonoccupational exposure that presents a substantial risk for HIV acquisition

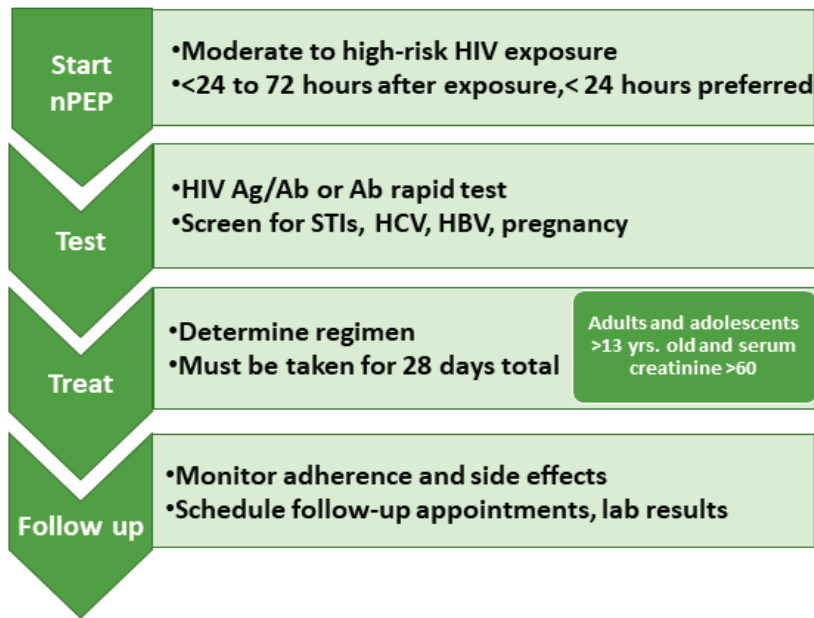


Definition of nPEP?

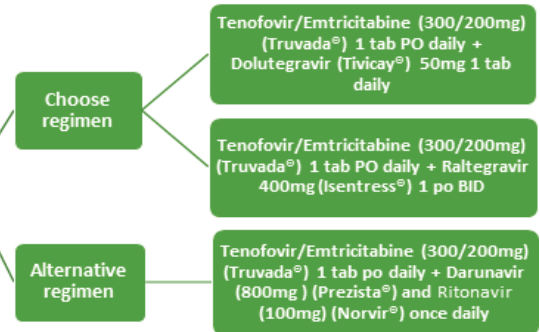
- » Non-occupational post-exposure prophylaxis (nPEP) is the use of antiretroviral drugs after a single high-risk sexual encounter, sexual assault, or sharing of drug equipment to prevent HIV infection.
- » What is a high-risk exposure?
 - Receptive and insertive vaginal or anal intercourse
 - Needle sharing and sharing drug injection equipment
 - Injuries (e.g., needlestick, human bites, accidents) with exposure to blood or other potentially infected fluids from a patient known to be HIV-infected or status unknown.
- » Starting medications immediately after exposure for nPEP is extremely important. This should be done as soon as possible (ideally within 1-2 hours) but not later than 72 hours (3 days) after the exposure.
- » Patients must stay on the antiretrovirals for 28 days.
- » Persons exposed should have an HIV antibody test at baseline, 6 weeks, 12 weeks, and 6 months after the exposure.
 - If a 4th generation antigen/antibody test is used, HIV testing can be done at baseline, 6 weeks, and 4 months. Testing should be done regardless of whether the exposed person accepts or declines nPEP treatment.

Key concepts for primary care providers:

- » Quickly evaluate patients for nPEP if the high-risk exposure is less than 72 hours. Every hour counts.
- » Do an HIV test before starting nPEP and rapid test is preferred. If a rapid test is not available, send blood sample to the lab and follow-up with the patient as soon as the results are available.
- » Consult National Clinician Consultation Center (NCCC) PEline or a HIV Clinical Pharmacist for questions about dosing in patients with renal disease.
- » Do not stop nPEP while waiting for the HIV results.
- » If the patient tests HIV positive and no previous ART treatment, keep them on nPEP and refer to an HIV specialist as soon as possible for immediate follow-up.
- » nPEP is NOT recommended more than 72 hours after the exposure occurred. Consult the NCCC PEline assistance or call your regional AETC.
- » For pediatric patients, consult the NCCC PEline.
- » Risk reduction and primary HIV/STI prevention counseling should be provided for any patient that may be starting nPEP.
- » For patients who continue to be at high risk for HIV exposure, consider pre-exposure prophylaxis (PrEP) counseling and refer to a PrEP specialist if needed.



Summary nPEP Procedure:



Important:

Consult NIH guidelines (see references), your regional AETC or the National Clinician Consultation Center (NCCC) for additional information

National Clinician Consultation Center PEpline: 1-888-448-4911

For additional assistance <http://nccc.ucsf.edu>

MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER

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REFERENCES:

Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV - United States, 2016

<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>

PEP: Post-Exposure Prophylaxis, National Clinician Consultation Center, University of California, San Francisco

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