

Excerpts from the Michigan Department of Health and Human Services nPEP Guidance

Individuals who have experienced high risk non-occupational exposures such as unprotected vaginal or anal sex with a partner known to be (or possibly) HIV positive, sharing injecting drug use equipment, or sexual assault, may present in any healthcare setting at any time. The Michigan Department of Health and Human Services supports the US Public Health Service working group recommendation that **institutions** (e.g., *emergency departments, urgent care facilities, community health centers, health departments and those conducting forensic exams following sexual assault*) develop clear protocols for the management of nPEP¹.

1. **nPEP should be recommended** to individuals who have experienced a high risk, non-occupational exposure such as unprotected vaginal or anal sex with a partner known to be (or possibly) HIV positive, sharing injecting drug use equipment, or sexual assault.

Rationale: Antiretroviral (ARV) therapy initiated soon after unanticipated sexual contact or injecting drug use may, in certain circumstances, prevent HIV transmission.

2. **Providers should prescribe three (or more) tolerable drugs** to combat infections following a known or potential exposure to HIV².

Preferred Adult nPEP Regimen

**Truvada PO daily (combination of Tenofovir 300 mg and Emtricitabine 200 mg) +
Raltegravir 400 mg PO twice daily**

Or

**Truvada PO daily (combination of Tenofovir 300 mg and Emtricitabine 200 mg) +
Dolutegravir 50 mg PO daily**

Alternative agents may be used in the presence of drug intolerance, toxicity, or underlying renal disease. See *Special Populations section if treating a pregnant woman or child.

3. **HIV nPEP should be offered as soon as possible** after exposure and initiated, generally, no later than 72 hours following exposure.
4. **Discussion with a patient regarding initiation of HIV nPEP** should include the:
 - a. risk of acquiring HIV infection
 - b. potential of nPEP to prevent HIV infection
 - c. possible side effects of the nPEP regimen
 - d. duration of nPEP
 - e. monitoring schedule, including follow-up
 - f. importance of adherence to the medication regimen
 - g. plan for accessing the full 28-day supply of appropriate ARVs promptly by way of:
 - i. prescription filled at a pharmacy that carries the medications
 - ii. pharmaceutical compassionate use and co-pay assistance programs

5. **Starter packs** (5-7 day supply) of appropriate ARV medications should be available on-site for rapid initiation of HIV nPEP. A prescription for the remainder of the full 28-day supply should be provided to the patient when they receive the starter pack.
6. **Clinicians should obtain blood from the patient** for baseline HIV rapid or expedited point of care serologic testing when recommending initiation of nPEP.
7. **HIV nPEP regimen should be started without waiting for the results** of the baseline HIV test; refusal to undergo baseline HIV testing should not preclude initiation of nPEP.
8. In addition to a baseline test, all patients seeking care after a potential HIV exposure should be tested for the presence of HIV antibodies at 6 weeks, 3 months, and 6 months after exposure to determine whether HIV infection has occurred.³ **Patients should be advised where follow-up HIV testing is available to them at no cost.**
9. **Persons who present with repeated high-risk behavior** or for repeat courses of nPEP should be considered for Pre-exposure prophylaxis (PrEP) after completion of the 28-day nPEP regimen.
10. **For all exposures**, other health risks resulting from the exposure should be considered and prophylaxis administered when indicated, such as hepatitis B vaccine, hepatitis C testing and treatment, as well as testing and treatment for other sexually transmitted infections and pregnancy.

*** Special Populations:**

Pregnant woman: a full discussion of the benefits and risks of prophylaxis for both maternal and fetal health, as well as prompt consultation with an HIV-expert, should occur.

Children: Contact the National PEpline at 1.888.448.4911 and/or access pediatric guidelines at: <http://nccc.ucsf.edu/wp-content/uploads/2014/09/CCC-Guidance-for-Pediatric-HIV-PEP.pdf>

For more Information:

Access the full MDHHS Guidance on nPEP at:

http://www.michigan.gov/documents/mdch/MDHHS_nPEP_Guidance_6.12.15_-_Final_491813_7.pdf

Obtain expert guidance in administering nPEP by:

- calling the local experts listed below and/or
- accessing the PEpline at 1.888.448.4911 or <http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

Consultation concerning implementation of these guidelines can be obtained from:

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¹ Kuhar, DT, Henderson, DK, Struble, KA, Heneine, W, Thomas, V, Cheever, LW, Gomaa, A, Panlilio, AL. Updated US Public health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis. *Infect Control Hosp Epidemiol.* 2013 Sep;34(9):875-92. doi: 10.1086/672271.

² *Ibid.*

³ Aberg, JA, Daskalakis, DC. Nonoccupational exposure to HIV in adults. In: *UpToDate*, Bartlett, JG (Ed), UpToDate, Waltham, MA. (Accessed on June 8, 2015.)