

All Selected Good Practice Reminders

ALL SELECTED GOOD PRACTICE REMINDERS: PEP to Prevent HIV Infection Guideline

FIRST DOSE OF PEP AND EXPOSURE SITE MANAGEMENT

All Exposures

- Use clear and direct language when communicating with an exposed individual or with an adult accompanying an exposed child. Use age-appropriate language with children.
- If PEP is refused: Explain the timing requirement for initiation and provide instructions for acquiring PEP if that decision changes. Document refusal of PEP in the patient's medical record.

Exposures in Children

- Use clear and direct language when communicating with an adult accompanying an exposed child, and use age-appropriate language with children.

EXPOSURE RISK EVALUATION

All Exposures

- *Bites*: If a bite exposure has been reported, evaluate the exposure in the biter and in the individual who was bitten. If an individual with bleeding in the mouth causes bleeding in a person who they have bitten, the bitten individual is a candidate for PEP.
- If an exposure is assessed as high-risk: Inform the patient of the need to complete a 28-day course of PEP, confirm the patient's access to the PEP medications, and provide a starter pack of medications.
- Describe the signs and symptoms of acute retroviral syndrome: Stress the need for immediate medical attention if [these symptoms](#) occur, and provide the exposed individual with appropriate access to HIV testing that includes HIV RNA testing if indicated.
- If an exposure is assessed as high-risk and completion of a 28-day PEP is indicated but declined:
 - Inform the exposed individual of the results of the source's HIV test.
 - Explain the 72-hour window period for PEP efficacy.
 - Describe the symptoms of acute retroviral syndrome.
 - Provide contact information for access to medical care if the exposed individual decides to pursue PEP.
 - Provide a referral for counseling and trauma care.
 - Arrange for serial HIV testing.
- Document refusal of PEP in the exposed individual's medical record.

Non-Occupational Exposures

- *Comprehensive evaluation*: Identify and assess all specific behaviors that may have resulted in exposure to HIV
- *High-risk exposure*: Provide counseling and educating about risk reduction, including the availability of PrEP. Individuals who report a high-risk sexual exposure are candidates for PrEP, immediately if PEP is not indicated or upon completion of PEP once a negative HIV status is confirmed. Provide a referral for PrEP care if it is not available on site..

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Sexual Assault Exposures

- *HPV vaccine*: The Centers for Disease Control and Prevention [recommend vaccination against HPV for sexual assault and sexual abuse patients](#) aged 9 to 45 years. See also [Unger, et al. 2011].

PEP MANAGEMENT



All Exposures

- *Source testing*: Test the source with an FDA-approved laboratory or POC 4th-generation HIV 1/2 (Ag/Ab combination immunoassay); do not use a rapid oral HIV test.
 - If the source's screening test is reactive, provide the results and follow up with confirmatory testing.
 - Inform the exposed individual of the result, and explain the process for confirming HIV infection.
 - If source's confirmatory testing is positive (differentiation immunoassay or HIV-1 RNA), provide linkage to an HIV-experienced care provider if the source is not already engaged in medical care.
- *If the source has drug-resistant HIV*: Consult an [experienced HIV care provider](#) for assistance in modifying the exposed individual's PEP regimen.
- Provide counseling and education to the exposed individual.
- *If a 28-day course of PEP is indicated*: If the exposure is assessed to be high-risk and the exposed individual will complete a 28-day course of PEP, arrange for telephone follow-up within 48 hours to ensure the individual has the medications and to assess for adverse effects.



Non-Occupational Exposures

- *Undetectable equals untransmittable (U=U)*: Research has established that a source with HIV who is taking ART and has an undetectable viral load (HIV RNA <200 copies/mL) at the time of a consensual sexual (only) exposure will not transmit the virus through sex [Cohen, et al. 2016; Rodger, et al. 2016; Rodger, et al. 2019].
- If the source's viral load at the time of a sexual exposure is available, offer information about U=U as reassurance for the exposed individual.
- U=U pertains only to consensual sexual exposure: It does not apply to exposure through needle sharing, breastfeeding, or needlestick injury.

BASELINE TESTING OF THE EXPOSED INDIVIDUAL



All Exposures

- *Test results*: Perform baseline HIV testing of the exposed individual. When results are available, explain them to the patient and ensure understanding.
- *If HIV infection is confirmed in the exposed individual*: Explain the benefits of rapid initiation of ART and provide a referral for HIV care.
- *ART initiation*: Rapid initiation of ART is recommended for all patients diagnosed with HIV. See the NYSDOH AI guideline [When to Initiate ART, With Protocol for Rapid Initiation](#).
- *Arrange for HIV care*: If HIV infection is confirmed, or if seroconversion is suspected, or if HIV infection cannot be ruled out, then refer the exposed individual for HIV care and rapid initiation of ART.
- *Pregnancy testing*: Perform pregnancy testing in all individuals of childbearing capacity (see [Box 2: Use of Dolutegravir in Individuals of Childbearing Capacity](#)).



Non-Occupational Exposures

- *Sexually transmitted infections (STIs) other than HIV*: Provide counseling about the risk of acquiring other STIs through sexual exposure and information on signs and symptoms of STIs, and stress the need to seek medical attention if symptoms occur.

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- *Emergency contraception*: Offer emergency contraception to individuals of childbearing potential who report sexual exposure.



Sexual Assault Exposures

- *Testing for STIs other than HIV*: Clinicians should *not* routinely perform baseline STI testing of individuals exposed through sexual assault; testing may be offered on a case-by-case basis. Clinicians *should* provide empiric treatment for gonococcal, chlamydial, and trichomoniasis infections. Routine testing for gonorrhea, chlamydia, and syphilis is not recommended at the initial examination because results of that testing would determine whether the patient had an STI prior to the assault. This information can be used to bias a jury against a sexual assault survivor in court.
- Provide counseling about the risk of acquiring other STIs through sexual exposure and information on signs and symptoms of STIs, and stress the need to seek medical attention if symptoms occur.
 - See U.S. Department of Justice. [A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition](#). 2013. NCJ 228119.
 - See NYSDOH [Sexual Assault Victim Bill of Rights](#).
- *Emergency contraception*: Offer emergency contraception to individuals of childbearing capacity who report a sexual exposure.



Exposures in Children

- *STIs other than HIV*: Provide counseling about the risk of acquiring other STIs through sexual exposure and information on signs and symptoms of STIs, and stress the need to seek medical attention if symptoms occur.
 - See above, [Recommendations for Baseline Testing of Exposed Individuals](#).
- *Emergency contraception*: Offer emergency contraception to children if they are able to conceive and have reported a sexual exposure.

SELECTION AND INITIATION OF A 28-DAY PEP REGIMEN



All Exposures

- *Avoid drug-drug interactions and medication-related adverse events*: Before prescribing a 28-day course of PEP, review the patient's current medications and comorbidities to identify possible drug-drug interactions and to anticipate and prevent medication-related adverse events. See [NYSDOH AI ART Drug-Drug Interactions](#).
- *Impaired renal function*: Review baseline laboratory test results to identify the need to adjust ARV medication dosing for renal insufficiency or choose an alternative regimen. Consult with an experienced HIV care provider or other resources, such as drug package insert(s), to determine dose adjustments for patients with baseline CrCl <50 mL/min.
- *If 28-day PEP is indicated*: Ensure the patient understands the need to complete the full 28 days of PEP and explain the adherence requirements.
 - Make sure the patient understands that if a dose of PEP is missed, a “double-up” dose is not necessary. Instead, if dose is missed at a specific time, it can be taken as soon as it is remembered within 24 hours of the scheduled time.
- *If possible, provide the 28-day supply of medications*. If the full course of medications cannot be provided, then supply a starter pack, as noted below, and a prescription for the medications required to complete 28 days of PEP.
 - **Non-occupational exposures**: Provide a 7-day starter pack.
 - **Occupational exposures**: Provide a 7-day (at least) starter pack.
 - **Sexual assault exposures** (per [New York State law](#)): Provide a 7-day starter pack if the patient is ≥18 years old; provide the full, 28-day course of PEP medications if the patient is <18 years old.
- Ensure the patient's ability to obtain the medication needed to complete 28 days of PEP.

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- *Discuss possible adverse effects of PEP medications.* Ensure the patient knows what to do if they experience those effects. If an individual who is completing 28 days of PEP does not have a primary care provider with whom to follow-up, the [NYSDOH PrEP/PEP Provider Directory](#) can be used to identify a care provider for a referral.
- *If the exposed individual is pregnant:* Consult a care provider experienced in managing ARV prophylaxis in pregnancy.
 - Avoid administration of DTG to individuals in the first trimester of pregnancy (see [Box 2: Use of Dolutegravir in Individuals of Childbearing Capacity](#)).
 - Before administering PEP to a pregnant individual, inform the patient about the potential benefits and risks to the fetus.
 - If DRV or ATV are prescribed, dose adjustments are required. See the section [PEP During Pregnancy or Breastfeeding](#) or [AIDSinfo > Table 8. Antiretroviral Drug Use in Pregnant Women with HIV: Pharmacokinetic and Toxicity Data in Human Pregnancy and Recommendations for Use in Pregnancy](#).

FOLLOW-UP OF THE EXPOSED INDIVIDUAL

All Exposures

- *Discuss signs and symptoms of acute retroviral syndrome (ARS):* Stress the need for immediate medical attention if [these symptoms](#) occur, and provide appropriate access to HIV testing that includes HIV RNA testing if indicated.
- Follow up in person or by telephone within 48 hours to accomplish the following:
 - Assess for signs or symptoms of acute HIV.
 - Review and confirm the decision to complete the full 28-day course of PEP and confirm that the patient has access to required PEP medications.
 - Assess for and advise on the management of adverse effects associated with PEP medications as needed.
 - Encourage adherence to the PEP regimen.
- Make referrals or arrangements for follow-up care as needed, including referral to an experienced HIV care provider if needed.

Non-Occupational Exposures

- *STI testing:* Consider STI testing at week 2 in cases of sexual exposure.
- *If ongoing exposure risk is high:* Counsel and educate the patient about risk reduction, including the availability of PrEP.
 - Refer for PrEP: If the clinical setting in which an individual presents for PEP does not support evaluation for and provision of PrEP, then the patient should be given a referral for PrEP care.

Sexual Assault Exposures

- *Plan for follow-up care:* Review the plan for follow-up care with the patient and with a rape crisis counselor or outreach worker who will follow the patient after discharge from the emergency department or other healthcare setting.
- *Empiric STI treatment:* Confirm that empiric treatment for gonorrhea, chlamydia, and trichomonas was given at the initial presentation.
- *STI testing:* Baseline testing for STIs may be offered, along with syphilis testing at week 2.