

# TREATMENT

## ADOLESCENTS AND ADULTS (≥13 YEARS):

- ▶ Sexually transmitted GC/CT and trichomonas infections: all meds administered on site by provider<sup>4</sup> – 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™)<sup>5</sup> – 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)<sup>1</sup> – 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<sup>2</sup>.
- ▶ 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),<sup>2</sup> 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<sup>6</sup> 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 PEPIline at (888)448-4911 for assistance <http://mccc.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 [kidstia.org](http://kidstia.org).

### Footnotes:

- 1 For post-sexual assault patients, the need for STI testing should be considered on an individual basis: <http://www.safetia.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](mailto:info@aidsetc.org).



# nPEP

## POST-SEXUAL EXPOSURE





VISIT AIDSETC.ORG

- Health care providers should evaluate persons rapidly for nPEP when care is sought  $\leq 72$  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/>.

**Additional Information**

**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**

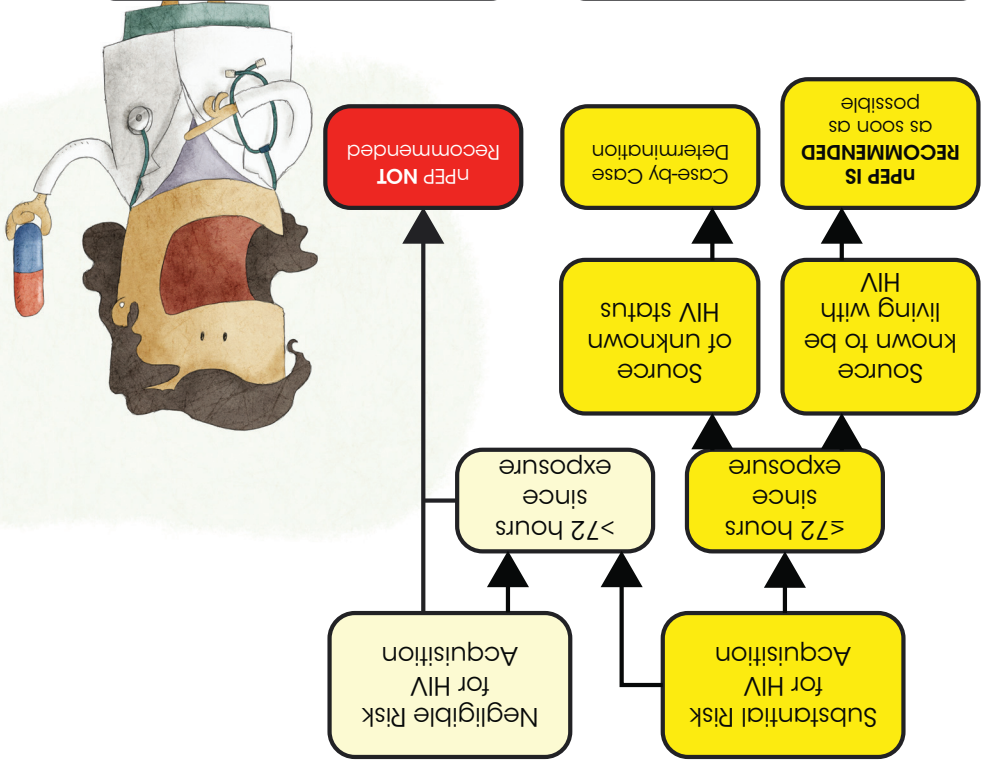
**When the source is known to be living with HIV**

**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**



VISIT [aidsetc.org](http://aidsetc.org)

TREATMENT NEEDS POST-SEXUAL EXPOSURE

