Non-OCCupational HIV Post-Exposure Prophylaxis


The guidelines recommend offering non-occupational post-exposure prophylaxis (nPEP) to persons presenting within 72 hours of unanticipated sexual or injection-drug use HIV exposure to prevent transmission. It is most cost-effective following highest risk exposures (e.g., when sex partner is known to be HIV-infected or after receptive anal intercourse with a homosexual or bisexual man of unknown serostatus). Guidelines emphasize the importance of providing counseling on risk-reduction and risk-reduction to decrease future exposures to HIV. Exposed person should have a baseline HIV antibody test performed and repeat antibody testing at 4-6 weeks, 3 months, and 6 months. Testing for other sexually transmitted diseases, hepatitis B and C, and pregnancy should be offered. When given, nPEP should be continued for 28 days.

Algorithm for Evaluation and Treatment of Possible Non-occupational HIV Exposures

1. <72 hours since exposure
   - Source patient known to be HIV positive
     - nPEP recommended
     - Substantial risk for HIV Exposure
   - Source patient of unknown HIV status
     - Case-by-case determination
   - nPEP not recommended
     - Negligible risk for HIV Exposure

2. >72 hours since exposure
   - Source patient known to be HIV positive
     - nPEP not recommended
     - Negligible risk for HIV Exposure
   - Source patient of unknown HIV status
     - Case-by-case determination

For More Information

National Clinicians’ Post-Exposure Prophylaxis Hotline (nPEPline): 888-HIV-4911 (888-448-4911)

Post-Exposure Prophylaxis Registry for Health Care Workers: PEP-HIV-4911 (888-737-4448)

Antiretroviral Pregnancy Registry: 800-258-4263

For More Information

To order additional copies, visit www.FAETC.org or call (866) 352-2382

Florida/Caribbean AETC

AID Acquired Immune Deficiency Syndrome

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**HIV Post-Exposure Prophylaxis for Health Care Workers**

**Step 1: Evaluation of Exposure**

- **Intradermal or subcutaneous**
- **Intravenous**

**Kinds of exposure**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small (e.g., few drops, short duration)</td>
<td></td>
</tr>
<tr>
<td>Less Severe</td>
<td></td>
</tr>
<tr>
<td>Moderate (e.g., several drops, major blood splash)</td>
<td></td>
</tr>
<tr>
<td>More Severe</td>
<td></td>
</tr>
<tr>
<td>Large (e.g., several drops, major blood splash and/or longer duration; several minutes or more)</td>
<td></td>
</tr>
</tbody>
</table>

**What type of exposure has occurred?**

<table>
<thead>
<tr>
<th>Volume</th>
<th>Intact skin only</th>
<th>Perforation of skin with mucous membrane exposure</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>No PEP needed</td>
<td>PEP is indicated</td>
<td>PEP indicated</td>
<td>No PEP needed</td>
</tr>
</tbody>
</table>

**Basic and Expanded Post-Exposure Prophylaxis Regimens (All regimens are for 28 days)**

**Basic Regimens**

- **Saquinavir 1000 mg bid + ritonavir 100 mg bid**
- **IDV 800 mg q8h on an empty stomach**
  - mg bid without regard to food (preferred dosing)
  - mg bid without RTV or fos-APV 1400 mg qd + RTV 200 mg bid

**Alternate Basic Regimens**

- **Indinavir ± ritonavir; IDV 800 mg bid + RTV 100 mg qd or fos-APV 700 mg bid + RTV 100 mg bid**
  - (without RTV)
  - mg if < 60 kg and 20-30 mg if toxicity occurs) bid

**Preferred Expanded Regimens**

- **Truvada® (TDF/ FTC) 2 tabs qd**
  - When Hepatitis B Immune Globulin (HBIG) is indicated, it should be administered as soon as possible after the exposure (preferably within 24 hours, but is recommended up to 1 week after exposure).
  - Hepatitis B vaccine can be administered simultaneously with HBIG but at a separate site.

**Step 2: Determine the HIV Status of the Source**

**HIV Positive**

<table>
<thead>
<tr>
<th>Class</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Positive</td>
<td></td>
</tr>
</tbody>
</table>

**Step 3: Determine the Post-Exposure Prophylaxis Recommendation**

**Basic Regimens**

<table>
<thead>
<tr>
<th>Comments</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience with AZT in PEP regimens; serious toxicity rate for PEP; nausea and fatigue common; probably safe in pregnancy; source patient may have resistant v.</td>
<td>Lamivudine: see above</td>
</tr>
<tr>
<td>Generally well-tolerated; serious toxicity rare; patient may have resistant v. or nephrolithiasis may occur</td>
<td>Tenofovir DF (Viread®, TDF): 300 mg tab</td>
</tr>
<tr>
<td>Generally well-tolerated; potential for serious or life-threatening drug interactions; can be severe; GI adverse effects common</td>
<td>Emtricitabine: see above</td>
</tr>
<tr>
<td>Use caution with ATV and drugs that cause PR prolongation (e.g., ddi)</td>
<td>Atazanavir (Reyataz®, ATV) 150 mg or 200 mg caps</td>
</tr>
<tr>
<td>Generally well-tolerated; potential for serious or life-threatening drug interactions; can be severe</td>
<td>Ritonavir (RTV, Norvir®): 100 mg caps, 80 mg/mL oral solution</td>
</tr>
<tr>
<td>Generally well-tolerated; serious toxicity rare; patient may have resistant</td>
<td>Didanosine (Videx®, Videx EC®, ddI): 125, 200, 250, 300 mg caps (Videx EC; must use 2 tabs for each dose)</td>
</tr>
</tbody>
</table>

**Alternate Basic Regimens**

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<tr>
<th>Exposure Type</th>
<th>Comments</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intradermal or subcutaneous 300 mg bid with fresh or Tenofovir DF 300 mg bid</td>
<td>Lamivudine (Epivir®, 3TC): 150 mg or 300 mg tablets, 10 mg/mL, syrup</td>
<td></td>
</tr>
<tr>
<td>Intravenous 1800 mg (w/ RTV)</td>
<td>Lamivudine (Epivir®, 3TC): 150 mg or 300 mg tablets, 10 mg/mL, oral solution</td>
<td>Truvada® (TDF/ FTC) 2 tabs qd</td>
</tr>
</tbody>
</table>

**HIV Positive Class 1**

**HIV Positive Class 2**

**Post-Exposure-Prophylaxis Regimens for Hepatitis B Virus**

**Management of Exposures to HBV**

- **Any blood or body fluid exposure to an unvaccinated person should lead to the initiation of the hepatitis B vaccine series.**
- **Recombivax® H B 10 mcg or Engerix® B 20 mcg as a single dose at 0, 1, and 6 months.**

**HIV Post-Exposure Management for Hepatitis C Virus**

**Management of exposures to HCV**

- **Perform testing for anti-HCV for the source.**
- **Perform baseline testing for anti-HCV and ALT activity for the exposed person.**
- **Perform follow-up testing.**
- **Administer acute ALT activity at 4-6 months or HCV RNA by PCR at 4-6 weeks for earlier detection.**
- **Confirm anti-HCV results reported positive by enzyme immunoassay with supplemental test (e.g., recombinant immunoblot assay [RIBA] or HCV RNA by PCR).**

**Post-Exposure Management for HCV**

- **No regimen proven beneficial for PEP.**
- **Early identification of chronic disease and referral for management.**
- **Immediately refer HCV to hepatitis C specialist for management.**