Evidence-Based Clinical Pathway: Non-occupational Post HIV Exposure Antiviral Prophylaxis (nPEP)

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11/27/16 replaces no older

Primary Sources: 1. 1) Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV – United States, 2016 from https://aidsinfo.nih.gov/guidelines. 2) Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States from https://aids.nih.gov/guidelines. 3) Liang SY et al. Update on Emerging Infections: News From the Centers for Disease Control and Prevention. Annals of Emergency Medicine 2016; 68: 335-338

***Substantial Risk for HIV Acquisition**

Exposure to **blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood *if*** the source is known to be HIV positive

***Negligible Risk for HIV Acquisition**

Exposure to **Urine, nasal secretions, saliva, *sweat, or* tears if not visibly contaminated with blood**

Additional Recommendations:

- **All persons discharged with nPEP should have close follow up for HIV testing, monitoring for**
- **side-effects of treatment, further lab testing and treatment/vaccinations**
- **All persons considered for nPEP for sexual exposure should be evaluated for STIs as indicated.**
- **All persons considered for nPEP should be evaluated for HBV vaccination/treatment**
- **Provide counseling related to HIV prevention strategies, as appropriate**

Pathway applicability:
Patients with potential ****exposure*** (Vagina, rectum, eye, mouth, or other mucous membrane, nonintact skin, or percutaneous contact) to HIV

Is there substantial risk of HIV acquisition based on exposure?

No → **nPEP not recommended**
- **Hepatitis B (any bodily fluid exposure) and Hepatitis C (same bodily fluids as HIV) serology recommended**

Yes

- HIV antibody test
- (Combined Ag/Ab test
- preferred)
- Serum Creatinine
- LFTs
- Pregnancy Test
- Hepatitis B serology (HBsAg,
- HBsAb, HBcAb)
- Hepatitis C Ab

>72 hours since exposure?

Yes → **nPEP not recommended** (Hepatitis B (any bodily fluid exposure) and Hepatitis C (same bodily fluids as HIV) serology recommended)

No

Age >13, normal CrCl

Preferred Regimen

Tenofovir DF 300 mg/ emtricitabine 200 mg (Truvada) QD with **(raltegravir 400 mg BID OR dolutegravir 50 mg QD)**

Alternative Regimen

Tenofovir DF 300 mg/ emtricitabine 200 mg (Truvada) QD with **(Darunivir 800 mg [as 2, 400 mg tabs] QD) AND ritonavir 100 mg QD**

Age >13, CrCl < 60

Preferred Regimen

Zidovudine and lamivudine, doses adjusted to CrCl with **(raltegravir 400 mg BID OR dolutegravir 50 mg QD)**

Alternative Regimen

Zidovudine and lamivudine, doses adjusted to CrCl with **(Darunivir 800 mg [as 2, 400 mg tabs] QD) AND ritonavir 100 mg QD**

Age 2-12**

Preferred Regimen

Tenofovir DF, emtricitabine, and raltegravir

Alternative Regimen

Zidovudine and lamivudine with **(raltegravir OR lopinavir/ritonavir)**

Alternative Regimen

Tenofovir DF, emtricitabine, and lopinavir/ritonavir

Age 28 days – 2 years**

Preferred Regimen

Tenofovir DF, emtricitabine, and raltegravir

Alternative Regimen

Zidovudine and lamivudine with **(raltegravir OR lopinavir/ritonavir)**

Alternative Regimen

Tenofovir DF, emtricitabine, and lopinavir/ritonavir

Age < 28 days

Consult Pediatric ID/HIV Specialist

Lamuvidine Renal Dosing

CrCl (mL/min)	Dose
30-49	150 mg q24h
15-29	150 mg, then 100 mg q24h
5-14	150 mg, then 50 mg q24h
<5 or on HDc	1 x 50 mg, then 25 mg q24h

Zidovudine Renal Dosing

CrCl (mL/min)	Dose
<15 or HDc	100 TID or 300mg daily

** Table 6 of http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf has dosing for pediatric patients (click here)