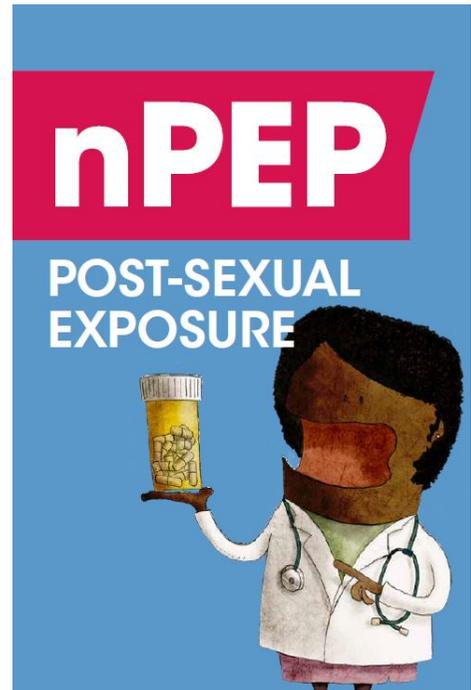


Prescribing nPEP

A guide for hospitals & healthcare facilities in rural areas

This infographic provides recommendations for prescribing non-occupational post-exposure prophylaxis (nPEP) at rural healthcare facilities in the U.S. to minimize the risk of acquiring HIV infection after a sexual assault or non-assaultive sexual exposure.



What is nPEP? ¹



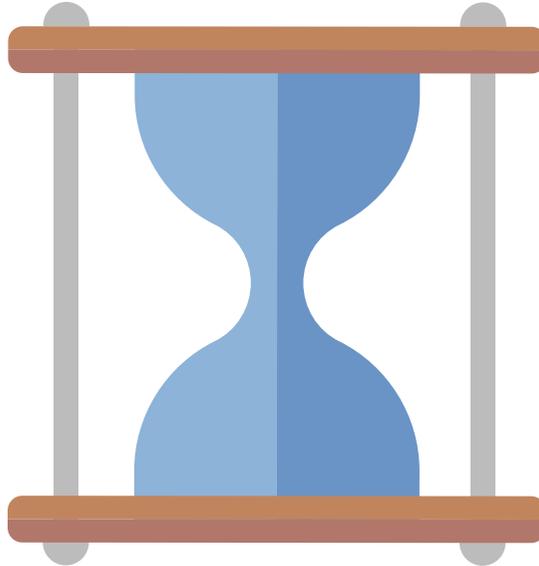
nPEP is the use of antiretroviral drugs after a single high-risk event to prevent HIV acquisition

What are sexual HIV acquiring risks?²



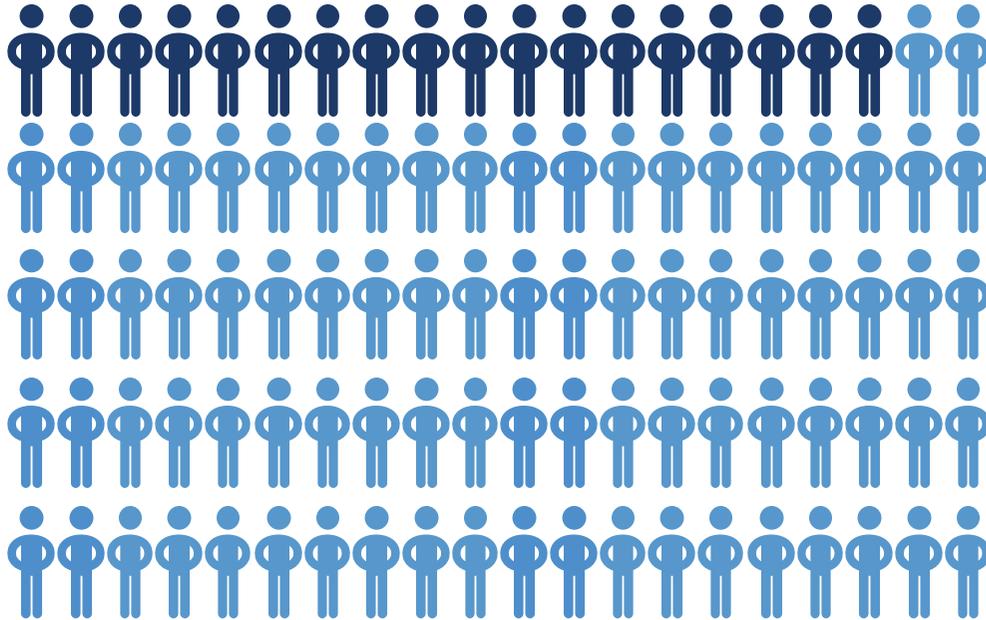
- Unprotected (no condom or pre-exposure prophylaxis) intercourse or vaginal assault with a known person living with HIV (PLWH) or someone of unknown status
- Unprotected rectal intercourse or assault with known PLWH or someone of unknown status

Why is this important?³

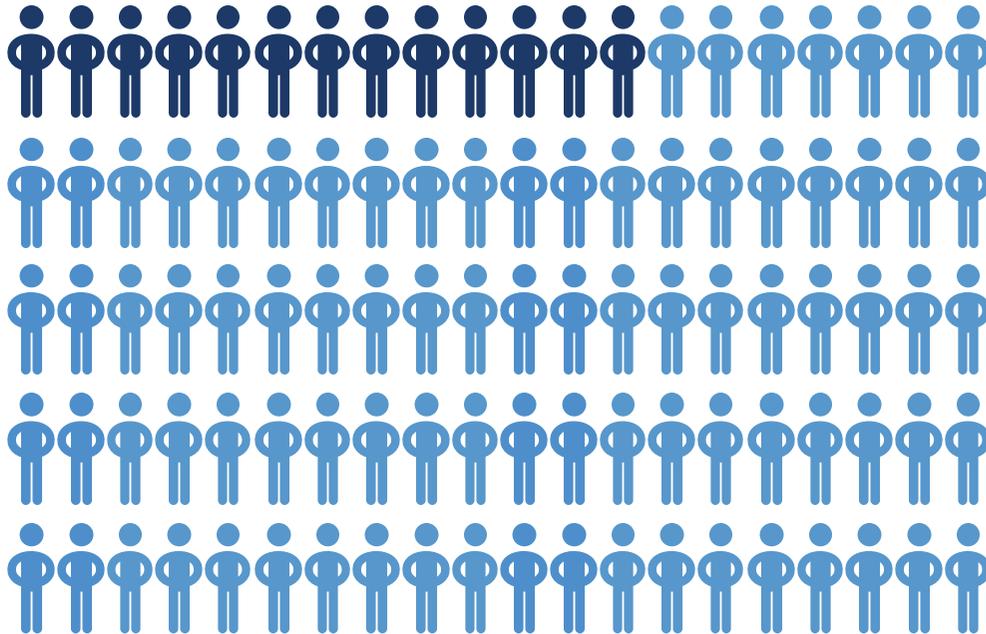


Early initiation of nPEP is essential, i.e., as soon as possible after the exposure but not later than 72 hours after the exposure.

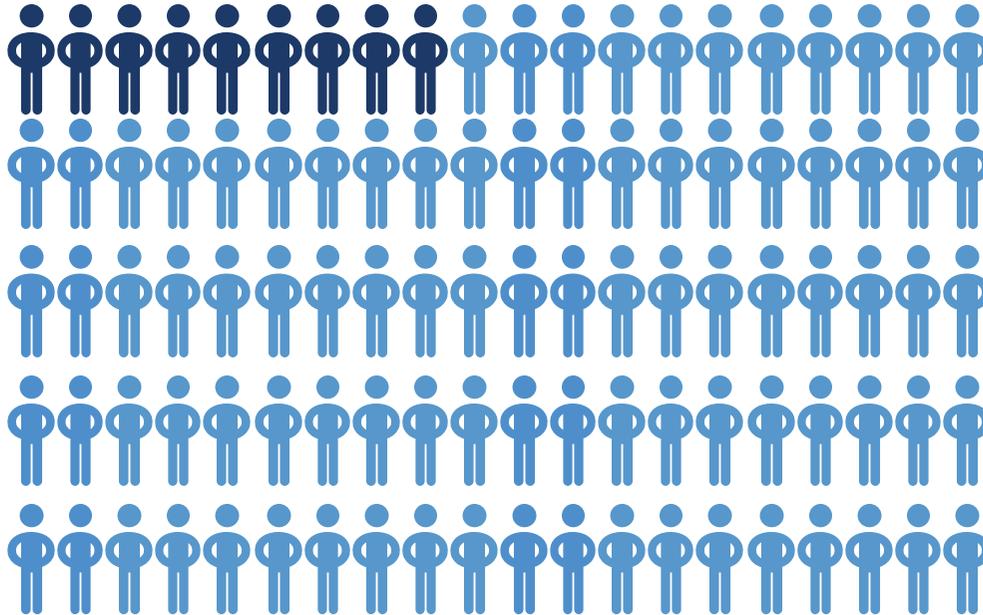
18% had no sexual assault protocols in place



13% offered on-site HIV testing only



Only 9% offered nPEP



Common reasons providers ^{5,6} give for not prescribing nPEP

- Concern of drug side effects
- Concern of drug resistance: there is a potential risk of drug resistance with poor nPEP adherence and HIV exposure



- Perception of “low-risk” exposure
- No or limited health insurance
- Lack of knowledge of nPEP guidelines

Key concepts for providers⁷

- **Evaluate persons rapidly for nPEP** when care is sought ≤ 72 hours after a potential exposure
- **Do an HIV test before initiating nPEP** (if rapid testing not possible, send blood to lab and initiate nPEP immediately – follow-up with results and patient asap stopping nPEP only if test result is confirmed positive)
- **All persons offered nPEP should be prescribed a 28-day course** of a 3-drug antiretroviral regimen, and given the first dose **ON SITE ASAP** after the exposure

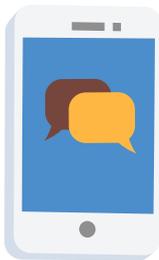




- **Adherence** to recommended dosing for 28 days without interruption **is essential**



- **Emphasize that severe adverse effects from nPEP are rare**, but review possible side effects and reinforce the limitedness of such effects



- **Follow-up is important** for additional counseling and monitoring

Clinician-to-clinician assistance with PEP-related decisions

AETC National Clinician Consultation Center's (NCCC) Post-Exposure Prophylaxis Hotline (PEpline): 888-HIV-4911 (888-448-4911)
9:00 AM - 9:00 PM ET, 7 days/week

The AETC NCCC PEpline works with providers to:

- Assess the risk of exposure
- Determine the appropriateness of prescribing PEP
- Select the best PEP regimen
- Provide recommendations for follow-up testing



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4. Crow, A., Ahmed, T., Kumar, R., Katner, H.P., *Statewide Survey of Emergency Department Practice for Prophylaxis of Sexually Transmitted Infections in Rape Victims*. Infectious Diseases Society of America, October 4, 2013, Session 137: Presentation 1138
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