

Non-Occupational Post Exposure Prophylaxis (nPEP)

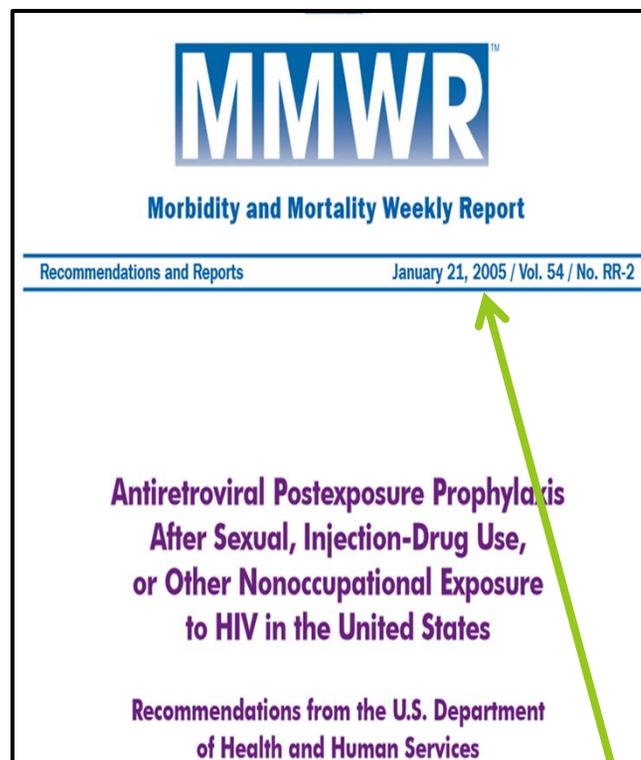
**Guidance from the Michigan Department of Health and
Human Services Revised, June 2015**

Today's Presentation

- **Why we updated the Guidance**
- **Who was consulted**
- **Overview of Guidance**
 - **Content**
 - **Focus on sexual assault**
 - **Responsibility of institutions**
- **Partnerships for implementation**

Why we updated the Guidance

- Previous version were outdated and inaccurate in sections
 - CDC has not updated non-occupational guidance since 2005
- Concerns raised regarding lack of access to nPEP and actual transmission of HIV during sexual assault
- Decreased toxicity of currently recommended medications for PEP



January 21, 2005 /

Who participated:

Significant input was received from representatives of:

- **Michigan Department of Health and Human Services, Division of HIV and STD Programs & Division of Communicable Disease**
- **Wayne State University Adult HIV Program**
- **Children's Hospital of Michigan, Horizon's Project**
- **Michigan State University College of Osteopathic Medicine**
- **Sexual Assault Nurse Examiner Programs across Michigan**
- **Ingham County Health Department**
- **University Physician Group, Internal Medicine**
- **Midwest AIDS Training and Education Center (MATEC Michigan)**
- **Connect 2 Protect**

Exposure to
HIV
is a
Medical
Emergency

WHAT IF
IT
WERE YOU?




**ANYONE
CAN GET IT**

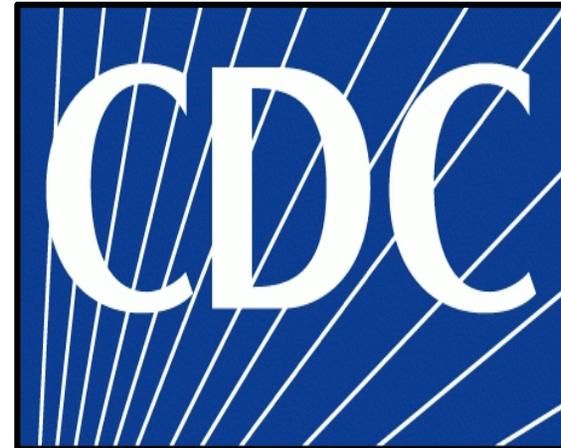
Who says so? Who did we consult?

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US PUBLIC HEALTH SERVICE GUIDELINE

Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis

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HIV CLINICAL RESOURCE

OFFICE OF THE MEDICAL DIRECTOR, NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE
IN COLLABORATION WITH JOHNS HOPKINS UNIVERSITY DIVISION OF INFECTIOUS DISEASES

What's New in the MDHHS Guidelines?

- **New recommended medications**
- **5-day starter pack**
- **Responsibility of institutions**
- **Focus on Sexual Assault**

Who is it for?

- **HIV nPEP is a preventive treatment strategy that may reduce, but not eliminate, the possibility of becoming infected with HIV among individuals who have experienced high risk exposures such as:**
 - **Unprotected vaginal or anal sex with a partner known to be (or possibly) HIV positive**
 - **Sharing injecting drug use equipment**
 - **Sexual assault**

<http://www.cdc.gov/hiv/basics/pep.html>

New Recommended nPEP Regimen

The US Public Health Service working group recommends prescribing three or more tolerable drugs to combat infections following a known or potential exposure to HIV. Current recommendations for nPEP are:

Truvada PO daily (combination of Tenofovir 300 mg and Emtricitabine 200 mg) + Raltegravir 400 mg PO twice daily

Or

Truvada PO daily (combination of Tenofovir 300 mg and Emtricitabine 200 mg) + Dolutegravir 50 mg PO daily

Alternative agents may be used in the presence of drug intolerance, toxicity, or underlying renal disease.

<http://www.ncbi.nlm.nih.gov/pubmed/23917901>

<http://www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure/>

Prescribing nPEP

- **nPEP should be offered as soon as possible following exposure**
 - **nPEP is generally initiated no later than 72 hours following exposure**
- **Information about nPEP should be communicated to the client simply and clearly**
- **5-7 day starter pack should be given on-site:**
 - **For rapid initiation of therapy**
 - **To insure treatment interruption does not occur while accessing the full 28-day supply**
- **Base-line HIV test should be conducted**
 - **nPEP should be initiated without waiting for the results of baseline testing**

Follow-up

- **Patients receiving nPEP should be:**
 - **Re-tested for HIV 6-weeks, 3 months and 6 months after exposure to determine if transmission occurs**
 - **Referred for follow-up care and support services when appropriate**
 - **Be advised to use condoms – just in case**
 - **Considered for HIV Pre-Exposure Prophylaxis, after completing their 28-day nPEP regimen, if they have recurrent HIV exposure risk or return for repeat courses of nPEP**

Responsibility of Institutions

Michigan Department of Health and Human Services supports the US Public Health Service working group recommendation that institutions develop clear protocols for the management of nPEP including:

- **Expert consultation mechanism**
- **Patient education components**
- **Baseline testing**
- **Having a starter-pack of an HIV PEP regimen available**
- **Process to ensure prompt access to a full 28 day supply**
- **System for follow-up testing**
- **Linkage to follow-up evaluation by an HIV Specialist or other qualified physician**

Why Focus on Sexual Assault?

- **Sexual assault is the most common event that requires nPEP**
 - **Information pertaining to nPEP following sexual assault is highlighted in teal in the MDHHS nPEP guidance**
 - **Definition of “significant risk” is a bit broader in the case of sexual assault due to trauma**
- **Decision to recommend nPEP should be based only on:**
 - **Nature of the exposure during assault**
 - **Readiness of survivor to initiate and adhere to regimen**
 - **HIV status of the alleged assailant (if known)**



Resources

- **Clinicians can obtain expert guidance in administering nPEP by accessing the PEPLine at:**
 - **1.888.448.4911 or**
 - **<http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>**
- **Additional resources to assist institutions in developing and implementing policies and procedures regarding nPEP will be presented later in the conference call**