Clinical Education Initiative
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NON-OCCUPATIONAL PROPHYLAXIS FOLLOWING HIV EXPOSURE

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New York State Hepatitis C Testing Law

[Video Transcript]

[00:00:15] Hello I'm Michelle Hepburn Associate Director of Nursing operations with the Spencer Cox Center for Health at St. Luke's Roosevelt Hospital. Thank you for viewing the New York State's clinical education initiative video on non-occupational post exposure prophylaxis.

[00:00:31] nPEP. The information in this video is based on the AIDS Institute guidelines updated as of July 2013. nPEP is the use of antiretroviral to prevent HIV infection after sexual injection drug use or other non occupational exposures to HIV. In this video I will review New York State's updated recommendations and guidelines for prescribing nPEP. These guidelines will address and nPEP for significant risk exposures following sexual and needle sharing activities. Needle sticks outside of occupational settings and trauma including human bites. Because of the special considerations regarding evaluation counseling and support for sexual assault victims. The guidelines presented in this video do not apply to cases involving sexual assault. For more information. Refer to the PDF accompanying this video titled HIV prophylaxis for victims of sexual assault. The guidelines presented in this video address situations that may prompt requests for nPEP including condom slippage breakage or lapse in use unsafe needle sharing or other exposure to blood or body fluids. While these occurrences can happen to anyone men who have sex with men or MSM account for 53 percent of the estimated incident infections.

[00:01:51] For this reason it's important to engage with this population effectively. Not all cases involving MSM will be apparent as such. For example MSM may not identify as gay. Additionally he should be aware that many MSM still experience shame and other social stigma that can inhibit honesty. Proper assessment and non-judgemental risk reduction counseling are imperative to determine if nPEP is indicated and should be based on facts not assumptions. It is important that you or a member of your health care team. Provide risk reduction and primary prevention counseling whenever anyone is assessed for nPEP regardless of whether nPEP is initiated and regardless of the patient's sexual orientation or gender.

[00:02:40] You will also need to assess for emotional psychological and social factors that can contribute to risk behavior such as depression history of sexual abuse and drug and alcohol use. You should refer patients to mental health and or substance use programs when indicated and should consider the need for offering intensive risk reduction counseling services. For information on risk reduction counseling services in your area. Please refer to the PDF titled New York State HIV prevention counseling programs. And nPEP should not be routinely dismissed solely on the basis of repeated risk behavior or repeat presentation for nPEP. Rather these cases should be viewed as an opportunity for intensification of education and prevention planning intent to change behavior should be assessed and individualized risk reduction plan developed. After completion of the nPEP regimen initiation of pre exposure prophylaxis

or PrEP should be considered. PrEP is the daily use of antiretroviral. In HIV uninfected people to prevent the acquisition of HIV infection. See the CDC interim guidelines accompanying the video for use of PrEP and MSM heterosexually active adults and injecting drug users in the PDF titled consideration of the use of PrEP.

[00:04:07] When deciding whether to recommend the initiation of nPEP you should assess the patient's risk of HIV acquisition based on the type of exposure nPEP should not be prescribed when there is negligible or low risk of HIV transmission. The types of exposure that warrant nPEP include receptive and insertive vaginal or anal intercourse with a source known to be HIV infected or with unknown HIV status.

[00:04:33] Needle sharing with the source known to be HIV infected or with unknown HIV status and injuries with exposure to blood or other potentially infected fluids from a source known to be HIV infected or with unknown HIV status including needle sticks with a hollow-bore needle accidents and human bites when bite wounds results in blood exposure nPEP should be considered for the person who was exposed to blood. This could be the person bitten the biter or both. nPEP should not be initiated when the integrity of the skin is not disrupted. Although possible HIV transmission following bites is thought to be extremely rare. There have been only a few cases of HIV transmission as a result of a human bite exposure. The types of exposures that should be evaluated on a case by case basis include receptive and assertive oral vaginal contact receptive and insertive oral anal contacts.

[00:05:36] And receptive and insertive penile oral contact with or without ejaculation. Several factors can increase this risk including an HIV positive source person with a high viral load and oral mucosa that is not intact. Frank blood exposure and the presence of genital ulcer disease or other sexually transmitted infections the types of exposures that do not warrant and nPEP include kissing. Oral oral contact without mucosal damage such as mouth to mouth resuscitation. Human bites not involving blood. Exposure to solid bore needles such as tattoo needles or diabetic testing lancets or other Sharpes not in recent contact with blood and mutual masturbation without skin breakdown or blood exposure.

[00:06:28] For persons presenting with Boon's or needlestick injuries. The site should be washed with soap and water avoiding irritation of the skin. The wounds should not be milked or squeezed squeezing the wound may promote hyperthermia and inflammation at the wound site potentially increasing systemic exposure to HIV. If present in the contaminated fluid. The source persons' HIV status if available may affect your decision making regarding initiation and selection of the nPEP regimen. If the source person is unavailable or unwilling to test.

[00:07:06] nPEP should be initiated and the 28 day course should be completed. If the source person is HIV positive information when possible about his or her viral load antiretroviral medication history and

history of antiretroviral drug resistance should be obtained to assist in the selection of an nPEP regimen. However administration of the first dose of nPEP should not be delayed while waiting for this information. When the source person is available and consents to HIV testing. Clinicians should obtain the most expeditious HIV test available if the test results are not immediately available. The initiation of nPEP should not be delayed pending the test result. If the source persons' HIV test result is negative but there may have been exposure to HIV in the previous six weeks a plasma HIV RNA assay should also be obtained in these situations nPEP should be continued until results of the plasma HIV RNA assay are available. If the result is positive the 28 day regimen should be completed if the results is negative nPEP should be discontinued.

[00:08:16] Clinicians should perform baseline HIV testing of the exposed person within three days of the exposure. Testing must be performed in full compliance with New York State public health law.

[00:08:27] Since the timely initiation of nPEP is crucial nPEP should be started without waiting for the results of the HIV test every effort should be made to initiate nPEP as soon as possible ideally within two hours. Patients presenting to the emergency department should be triaged in an urgent category to foster a more rapid delivery of treatment. Exposed persons who decline baseline HIV testing should not receive nPEP sexual risk behaviors leading to HIV infection.

[00:08:58] Also put individuals at risk for other sexually transmitted infections or STI's. For this reason in addition to HIV you should evaluate patients who present for nPEP for other STI's after sexual exposure for persons who are sexually exposed and non assault situations. Clinicians should perform STI testing at baseline and should treat as indicated. Testing should include a nucleic acid amplification test or NAAT to detect gonorrhea and or chlamydia based on sight of exposure and a rapid plasma regain or RPR for syphilis when MSM present with sexual exposures. Clinicians should assess the need to vaccinate against meningococcal disease. For more information see the PDF titled frequently asked questions on invasive meningococcal disease.

[00:09:51] Before prescribing nPEP inform the patient the antiretroviral medications have the potential to cause significant side effects and toxicity. The patient should weigh this possibility against the potential but unproven benefit of nPEP. Discuss the following with your patient and document the discussion before initiating a regimen potential benefit unproven efficacy and potential toxicity of nPEP. Duration of the nPEP regimen. Importance of adherence to the treatment regimen to prevent nPEP failure or the development of drug resistance should infection occur. The need to reduce risk and prevent exposure to others. Clinical and laboratory monitoring and follow up schedule. Signs and symptoms of acute HIV infection. And how a full supply of medication will be obtained.

[00:10:47] When a potential exposure to HIV occurs.

[00:10:50] Every effort should be made to initiate nPEP as soon as possible ideally within two hours. Decisions regarding initiation of nPEP more than 36 hours after exposure should be made on a case by case basis with the understanding that efficacy decreases with delayed initiation once a decision has been made that nPEP is indicated you should initiate the regimen immediately after the first doses administered providers not experience with PEP should consult with an experienced HIV provider. NPEP indicated when a significant exposure has occurred at any time during pregnancy despite the possible risk to the woman and the fetus before administering nPEP to a pregnant woman.

[00:11:38] The clinician should discuss the potential benefits and risk both to her and the fetus. Every effort should be made to initiate nPEP as soon as possible ideally within two hours the recommended nPEP regimen is the same for pregnant women as non pregnant adults.

[00:11:56] Pregnant women presenting for nPEP as a result of risky behavior should be the focus of intensified education and prevention interventions. After completion of the 28 day nPEP regimen initiation of PrEP should be considered. The preferred nPEP regimen is Tenofovir plus Emtricitabine. Plus Raltegravir where Lamivudine may be substituted for Emtricitabine as previously mentioned the first dose should be given immediately after exposure ideally within two hours. Starter packs with a three to five day supply of medication should be available on site for rapid initiation of treatment and arrangements should be made for continuation of treatment. The recommended duration of nPEP 28 days if the source person is known to be HIV infected and information is immediately available.

[00:12:53] Regarding past and present antiretroviral treatment current level of viral suppression or resistance profile the clinician should individualize the nPEP regimen to maximize potential effectiveness against the exposed HIV strains. This may be done in consultation with a clinician experienced in managing nPEP initiation of the first dose and continuation of nPEP should never be delayed. While waiting for this information if indicated the regimen can be changed when more information becomes available clinicians should switch exposed persons to an alternative regimen. If the initial or subsequent nPEP regimen is not well tolerated for more detailed information on alternative nPEP regimens see the PDF accompanying this video titled preferred alternative PEP regimen following non occupational exposure. Treating clinicians who do not have access to experience HIV Clinicians should call the National clinicians consultation center PEP line at 1 8 8 8 4 4 8 4 9 1 1.

[00:14:00] When using the PEP line providers from New York State should identify themselves as practicing in the state. All patients receiving nPEP should be re-evaluated within three days of the exposure to further clarify the nature of the exposure review available source person data evaluated

adherence and monitor toxicities associated with the nPEP regimen in the emergency department protocols should be established with HIV providers to whom these patients can be referred for follow up.

[00:14:35] They exposed person should be evaluated weekly to assess treatment adherence side effects interval physical complaints and emotional status. If you are not experience with PEP care of the exposed person during treatment and the follow up period should be provided by or in consultation with a clinician experienced in managing nPEP. During the 12 week follow up period. You should also provide risk reduction counseling to expose persons to prevent secondary transmission of. HIV exposed individuals should be advised to use condoms to prevent potential sexual transmission. Avoid Pregnancy and breastfeeding. Avoid needle sharing.

[00:15:17] And refrain from donating blood plasma organs tissue or semen. During the nPEP treatment period sequential confidential HIV testing should be obtained at baseline week for week 12 post exposure at week 4 and week 12 testing should be performed with laboratory based HIV tests rather than rapid point of care. HIV tests at six months post exposure. HIV testing is no longer recommended. In cases where the post exposure evaluation determined that nPEP was indicated but the exposed persons declines nPEP. Serial testing should still be obtained if at any time the HIV test results as positive a confirmatory Assay must be performed to confirm the diagnosis of HIV infection.

[00:16:06] Other blood tests may be indicated to monitor for side effects of treatment. The timing and specific testing indicated varies based on the nPEP regimen used and can be accessed in the PDF accompanying this video titled monitoring recommendations after initiation of PEP regimens following non occupational exposures. Thank you for watching this important update. While following these guidelines providers can feel more comfortable and confident engaging in providing care for people potentially exposed to HIV. For more information or assistance with nPEP please call the National clinicians consultation center PEP line at 1 8 8 4 4 8 4 9 1 1 or visit www.ceitraining.org to schedule a free training.

[Video End]