

*Michigan Department
of Community Health*



Rick Snyder, Governor
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POSITION STATEMENT
April 2011

NON-OCCUPATIONAL POST EXPOSURE PROPHYLAXIS (NPEP)

Division of Health, Wellness & Disease Control
HIV/AIDS Prevention & Intervention Section

Pursuant to recommendations made by the US Centers for Disease Control and Prevention,¹ the Michigan Department of Community Health (MDCH) supports and encourages antiretroviral post-exposure prophylaxis in conjunction with sexual, injecting drug use and other non-occupational exposures to HIV. There is no cure for HIV infection or AIDS. Therefore preventing exposure to HIV is the most effective strategy to prevent infection. However, the MDCH recognizes that antiretroviral (ARV) therapy initiated soon after unanticipated sexual or injecting drug use exposures may, in certain circumstances, prevent HIV transmission.

What is nPEP? HIV non-occupational post-exposure prophylaxis (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 known (or likely) HIV positive partner, sharing injecting drug use equipment, or sexual assault. Post-exposure prophylaxis involves taking antiretroviral medications as soon as possible after exposure. ARVs are available only with a prescription from a physician. nPEP is not the “morning after pill” for HIV. It is a four-week program of two or three ARV medications. The medications have serious side effects that can make it difficult to finish the program.

What do consumers need to know about nPEP? Anyone experiencing a high-risk exposure should seek medical attention, from his or her primary care doctor or in a hospital emergency room, right away.

For people who are not infected with HIV, but who were or may have been exposed to HIV, nPEP may decrease the likelihood of transmission if it is administered within the first 72 hours after exposure. After 72 hours nPEP is considerably less effective in preventing HIV infection.

All decisions regarding administration of nPEP must be informed by careful evaluation of its risk and benefits for each individual as well as other health risks resulting from the exposure. Before nPEP is

¹ Antiretroviral PEP After Sexual, Injection Drug Use, or Other Non occupational Exposure to HIV In the U.S. *Morbidity and Mortality Weekly Report*. January 21, 2005. Vol. 54, No. RR-2.

administered a doctor must do a thorough risk assessment and medical evaluation to determine if nPEP is right for that individual.

Anyone interested in nPEP should talk to his or her doctor or to another medical professional. You can learn more about nPEP by calling the **HIV Health InfoLine at 1.800.822.7422**.

What do medical professionals need to know about nPEP? All decisions regarding administration of nPEP should be made after evaluating the risks of transmission, other health concerns, and the relative risks and benefits of nPEP *for each individual patient*. Administration of nPEP should not be considered lightly, given the likelihood of at least some degree of adverse reaction to treatment regimens.

The risk of HIV transmission via sexual or drug injecting exposure depends on the nature of the exposure. A discussion with all patients seeking nPEP regarding the potential side effects and difficulty taking the nPEP medications should be provided and strategies developed to increase the likelihood of successful administration of PEP. Ongoing patient contact with PEP providers is essential for the success of treatment for the persons exposed, regardless of the manner of exposure.

In matters of sexual assault of adults and/or adolescents, experienced clinicians are best suited to assess the proper course of action to minimize and deal with both physical and psychological trauma experienced by sexual assault survivors.

CDC's recommendations on nPEP are summarized below:

- A 28-day course of ARVs is recommended for persons seeking care < 72 hours after a high-risk exposure (e.g., unprotected anal sex) to blood, genital secretions, or other potentially infectious body fluids of a person *known to be HIV infected*.
- No recommendation is made for the use of nPEP for persons seeking care < 72 hours after a high-risk exposure to blood, genital secretions, or other potentially infectious body fluids of a person of *unknown HIV status*. Physicians should evaluate each patient on an individual basis.
- nPEP is not recommended for persons with exposure histories that represent no substantial risk for HIV transmission.
- nPEP is not recommended for persons who seek care > 72 hours after exposure even for high-risk exposure, unless a physician determines that the diminished potential benefit of nPEP outweighs the risks for transmission and adverse events.
- For all exposures, other health risks resulting from the exposure should be considered and prophylaxis administered when indicated, such as hepatitis B vaccine, hepatitis C testing and treatment, as well as testing and treatment for other sexually transmitted infections.
- Risk-reduction counseling should be provided to all individuals receiving nPEP to reduce the risk for recurrent exposures.
- Patients, particularly those seeking nPEP subsequent to sexual assault, should receive and/or be referred to other prevention or support services, as indicated.

Physicians can obtain expert guidance in administering nPEP by calling the **PEPline at 1.888.448.4911**.

ADDITIONAL RESOURCES FOR nPEP

FOR CONSUMERS

HIV Health InfoLine 1.800.822.7422

Provides information to consumers about HIV treatment and medications, including nPEP. Monday to Friday, 10am to 4pm (PT). Questions can also be submitted by email at www.projectinform.org.

Project Inform

Project Inform maintains the HIV Health InfoLine and has resources for consumers about nPEP. Booklets about nPEP are available for download at www.projectinform.org.

Non-Occupational Post Exposure Prevention - This booklet provides consumers with an overview of nPEP and provides information about how to talk with your doctor about nPEP.

Talking to your Doctor about nPEP - Consumers can take this booklet to their doctor to help decide if nPEP is right for them.

Michigan Coalition Against Domestic and Sexual Violence

Provides information on local sexual assault resources. The list is arranged by city. www.mcadsv.org.

National Domestic Violence Hotline 1.800.799.SAFE (7233) or TTY: 1-800-787-3224

Trained counselors provide confidential crisis intervention, support, information and referrals to local programs to victims of domestic violence, their families and friends. The hotline links people to help in their area including shelters, legal and social assistance programs. Services provided in English and Spanish, with interpreters available for 139 more languages. Available 24/7.

Rape Abuse and Incest National Network (RAINN) 1.800.656.HOPE

Provides confidential counseling and support for survivors of sexual assault. The hotline automatically routes calls to the rape crisis center nearest the caller by reading the area code and prefix of the caller's phone number. Available 24/7

Michigan Crime Victim Services Commission 517.373.7373

Provides financial assistance to crime victims who suffer bodily harm or lose earnings/support because of a crime. May provide financial assistance for nPEP to individuals who are survivors of sexual assault. Information also available at <http://www.michiganprosecutor.org/VictComp.htm>.

FOR PHYSICIANS ONLY

PEPline 1.888.448.4911

The PEPline is managed by the *National HIV/AIDS Clinicians Consultation Center* and provides around-the-clock expert guidance to physicians in managing healthcare worker exposures to HIV and hepatitis B and C. Hotline staff will help determine if nPEP should be administered, and recommend a treatment regimen specific to the exposure and source history. Available 24/7.

AIDS Education and Training Centers

The AETCs conduct targeted, multidisciplinary education and training programs for health care providers treating persons living with HIV/AIDS. The website provides a central repository for AETC program and contact information and for training materials developed within the AETC network. A variety of tools for physicians and other health care workers are available for download at www.aids-ed.org.

Clinical Manual: Nonoccupational Postexposure Prophylaxis. This manual provides physicians with guidance regarding assessment and administration of nPEP.

nPEP Steps: Guide to Non-Occupational Exposure. This pocket guide provides a quick reference to assist physicians in evaluating patient risk and assessing the appropriateness of nPEP.

OTHER RESOURCES FOR nPEP

CDC Recommendations on nPEP: Antiretroviral PEP After Sexual, Injection Drug Use, or Other Non occupational Exposure to HIV In the U.S. *Morbidity and Mortality Weekly Report*. January 21, 2005. Vol. 54, No. RR-2. Available for download at <http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>.

Internet Resources: The University of California at San Francisco maintains a library of articles and documents and up-to-date information on HIV/AIDS treatment, prevention, and policy issues. Go to <http://hivinsite.ucsf.edu/InSite> and search on “nPEP.”

OTHER RESOURCES FOR HIV and STD PREVENTION

Michigan HIV/STD Hotline 1-800-872- 2437

The Michigan AIDS Hotline provides general information about HIV and sexually transmitted diseases. Referrals to testing sites is also available. Information also available at www.aidspartnership.org. Monday to Friday 9am to 5pm (ET). The hotline **cannot** provide referrals to doctors who will provide nPEP.

National HIV/AIDS/STD Hotline 1-800-458-5231

The National AIDS Hotline provides general information about HIV/AIDS, sexually transmitted diseases and viral hepatitis. Monday to Friday 9am to 6pm (ET). Information is also available at www.cdcpin.org, including live Internet chat.

HIVTEST.ORG

This site provides general information about HIV and STD transmission and prevention. Interactive search feature to locate HIV and STD testing resources. www.hivtest.org.