CLINICAL PATHWAY:

HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

[1] **Low Risk Exposures**:
- **Exposure of:** vagina, rectum, eye, mouth or other mucous membranes, intact or nonintact skin, or percutaneous contact
- **With:** urine, feces, nasal secretions, saliva, sweat, tears not visibly contaminated with blood
- **Source:** regardless of the known or suspected HIV status of the source.
- **Note:** risk of transmission of HIV, hepatitis B, and hepatitis C is very low with a needle discarded in the community.

Consult Infectious Diseases if considering HIV nPEP.

[2] **High Risk Exposures**:
- **Exposure of:** vagina, rectum, eye, mouth, or other mucous membrane, nonintact skin, or percutaneous contact
- **With:** blood, semen, vaginal or rectal secretions, breast milk or any body fluid visibly contaminated with blood
- **Source:** known to be HIV positive
- **High risk behaviors**: use of intravenous drugs, male-male sex, multiple sexual partners, exchange of sex for money or drugs, sex with persons presumed to be HIV+, sexual assault by multiple assailants, and significant trauma to the vaginal or anal mucosa

Inclusion Criteria: Presents after a sexual or high-risk encounter[1,2] with the following:
- Anal, vaginal, percutaneous or oral exposure to possibly or definitely HIV infected blood or semen or genital fluids? [1,2] **AND**
- Exposure occurred within 72 hours of presentation? *(nPEP is most effective if started as soon as possible, ideally within 24 hours)*

NO → nPEP not indicated

YES

Initial Work-Up/Management:

Labs:
- CBC w/diff, CMP, HIV testing (screening antibody test), hepatitis B surface antibody and surface antigen, hepatitis B core antibody, hepatitis C antibody
- Pregnancy test and STI screening, if clinically indicated

Management Considerations:
- *If sexual abuse/assault*: follow **Suspected Sex Abuse Clinical Pathway**
- *If source is known or presumed to be HIV+:* consult ID
- Consider Hepatitis B prophylaxis, if indicated (refer to **Appendix A: Hepatitis B Prophylaxis**)
- Consider Tetanus prophylaxis, if indicated (refer to **Appendix B: Tetanus Prophylaxis**)

Does patient/family consent to HIV preventive medications and follow up?

NO → Place URGENT referral to Infectious Diseases and Immunology Department

YES

Initiate 3-drug nPEP regimen for 28 days [CDC guidance]

Infants >30 days (and ≥42 weeks post-conceptual age) and <2 years old:
Use all three medications
- **Lamivudine (3TC)** (oral solution 10 mg/ml):
  - 4 mg/kg/dose BID (max 150 mg/dose)
- **Zidovudine (AZT)** (oral solution 10 mg/ml)
  - 4 kg - <9 kg: 12 mg/kg/dose BID
  - 9 kg - <30 kg: 9 mg/kg/dose BID
  - ≥30 kg: 300 mg/dose BID
- **Kaletra [Lopinavir/Ritonavir]** (oral solution 400 mg-100 mg/5ml):
  - ≤12 mo: 16 mg/kg/dose BID (or 300 mg/m^2/dose BID)
  - >12 mo: dose based on weight
    - <15 kg: 12 mg/kg/dose BID
    - 15-40 kg: 10 mg/kg/dose BID
    - >40 kg: 400 mg BID
  - *If >10 kg and can chew, can substitute Kaletra with Raltegravir (see below for dosing)*

Renal Dysfunction Dosing:

***For patients with estimated CrCl ≤59 ml/min:* use all three medications**
- **Raltegravir**
  - Dosed based on weight
- **Zidovudine**
  - Dose adjusted based on renal function
- **Lamivudine**
  - Dose adjusted based on renal function

Please contact the pharmacy for help with appropriate dosing based on patient's estimated renal function.

≥2 years old AND <40 kg (or ≥40 kg and cannot swallow tablets):
Use all three medications:
- **Tenofovir disoproxil** (powder for suspension or 300 mg tablets)
  - See **Appendix C** for dosing
- **Emtricitabine** (oral solution 10 mg/5 ml)
  - 6 mg/kg (max 240 mg) PO once daily
- **Raltegravir** (chewable tablets 25 mg)
  - 11- <14 kg: 75 mg PO BID
  - 14- <20 kg: 100 mg PO BID
  - 20- <28 kg: 150 mg PO BID
  - 28- <40 kg: 200 mg PO BID
  - 40 kg or >12 yo: 300 mg PO BID
  - If >6 years old and at least 25 kg: can use 400 mg film-coated tablet PO BID
  - *If ≥3 kg, can consider substituting Raltegravir with Dolutegravir that can be given once daily. Consult Infectious Diseases for dosing. If adolescent, 50 mg PO daily.*

≥2 years old AND ≥40 kg AND can swallow tablets:
Use both medications:
- **Truvada** (**Tenofovir disoproxil** 300 mg & **Emtricitabine** 200 mg) 1 tablet once daily
- **Isentress** (**Raltegravir** 400 mg film tablet) 1 tablet twice daily
- *Can consider substituting Raltegravir with Dolutegravir (can be given once daily). Consult Infectious Diseases for dosing. If adolescent, 50 mg PO daily.*

Discharge Instructions
- Medication delivery: order as inpatient medications for 3 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 25-day supply
  - Instruct family to call Infectious Diseases at 860-545-9490 if issues with picking up medications
- Any patient who is discharged with medications for PEP must receive patient education sheets for each drug from Lexicomp
- Place an **urgent** referral to Infectious Diseases (not routine). ID RN will call patient within 3-4 business days.
  - Will be seen in ID clinic or PCP at 2 weeks, 3 months (optional) and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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Guidelines for Postexposure Prophylaxis[a] of People with Nonoccupational Exposures[b] to Blood or Body Fluids That Contain Blood, by Exposure Type and Vaccination Status

EXPOSURE	TREATMENT	
	Unvaccinated Person[c]	**Previously Vaccinated Person[d]**
HBsAg-positive source		
Household member	Consider testing if significant exposure; if negative, administer hepatitis B vaccine series	Ensure completion of vaccine series
Percutaneous (e.g., bite or needlestick) or mucosal exposure to HBsAg-positive blood or body fluids	Administer hepatitis B vaccine series and hepatitis B immune globulin (HBIG)	Administer hepatitis B vaccine booster dose
Sexual or needle-sharing contact of an HBsAg-positive person	Administer hepatitis B vaccine series and HBIG	Administer hepatitis B vaccine booster dose
Person who has been sexually assaulted or abused by a perpetrator who is HBsAg positive	Administer hepatitis B vaccine series and HBIG	Administer hepatitis B vaccine booster dose
Source with unknown HBsAg status		
Person who has been sexually assaulted or abused by a perpetrator with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment
Percutaneous (e.g., bite or needlestick) or mucosal exposure to potentially infectious blood or body fluids from a source with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment
Sexual or needle-sharing contact of person with unknown HBsAg status	Administer hepatitis B vaccine series	No treatment

HBsAg indicates hepatitis B surface antigen

[a]When indicated, immunoprophylaxis should be initiated as soon as possible, preferably within 24 hours. Studies are limited on the maximum interval after exposure during which postexposure prophylaxis is effective, but the interval is unlikely to exceed 7 days for percutaneous exposures or 14 days for sexual exposures. The hepatitis B vaccine series should be completed.

[b]These guidelines apply to nonoccupational exposures.

[c]A person who is in the process of being vaccinated but who has not completed the vaccine series should complete the series and receive treatment as indicated.

[d]A person who has written documentation of a complete hepatitis B vaccine series and who did not receive postvaccination testing.

Reference: Adapted from: Schillie S, Vellozzi C, Reingold A, et al. Prevention of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices. *MMWR Recomm Rep.* 2018;67(1): 1-31.

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From: **Tetanus (Lockjaw)**

Red Book: 2024–2027 Report of the Committee on Infectious Diseases, 2024

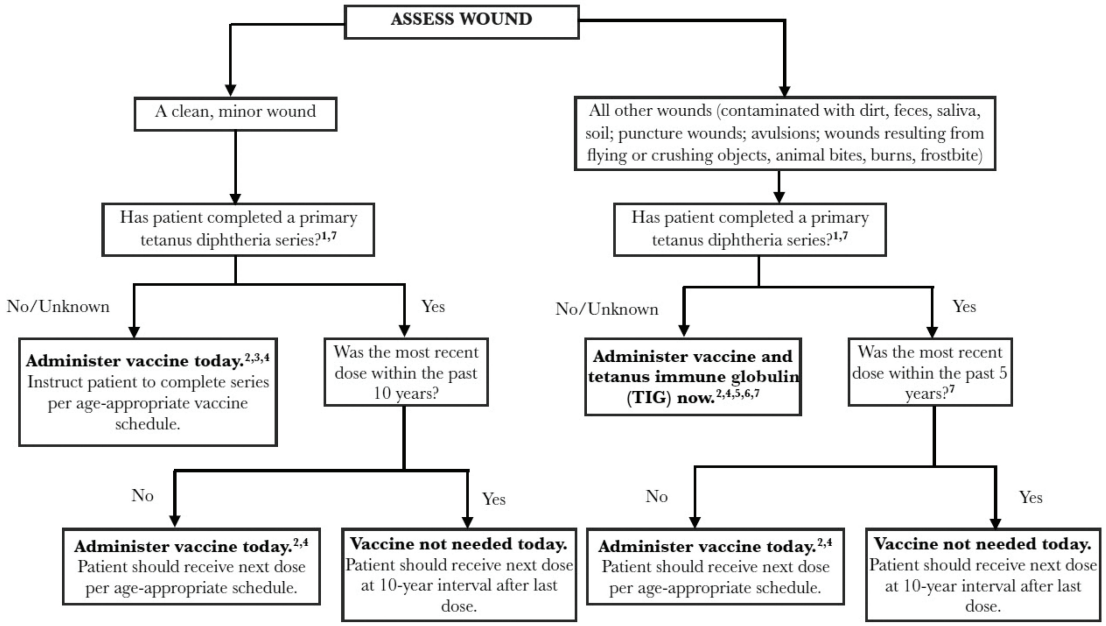

Figure Legend:

[1]A primary series consists of a minimum of 3 doses of tetanus- and diphtheria-containing vaccine (DTaP/DTP/Tdap/DT/Td).
[2]Age-appropriate vaccine:DTaP for infants and children 6 weeks up to 7 years of age.
Tetanus-diphtheria (Td) toxoid for persons 7 through 9 years of age and 65 years of age and older.
Tdap for persons 11 through 64 years of age if using Adacel* or 10 years of age and older if using Boostrix*, unless the person has received a prior dose of Tdap.*
[3]No vaccine or TIG is recommended for infants younger than 6 weeks of age with clean, minor wounds. (And no vaccine is licensed for infants younger than 6 weeks of age.)
[4]Tdap* is preferred for persons 11 through 64 years of age if using Adacel* or 10 years of age and older if using Boostrix* who have never received Tdap. Td is preferred to tetanus toxoid (TT) for persons 7 through 9 years, 65 years and older, or who have received a Tdap previously. If TT is administered, and adsorbed TT product is preferred to fluid TT. (All DTaP/DTP/Tdap/Td products contain adsorbed tetanus toxoid.)
[5]Give TIG 250 U IM for all ages. It can and should be given simultaneously with the tetanus-containing vaccine.
[6]For infants younger than 6 weeks of age, TIG (without vaccine) is recommended for "dirty" wounds (wounds other than clean, minor).
[7]Persons who are HIV positive should receive TIG regardless of tetanus immunization history.
*Brand names are used for the purpose of clarifying product characteristics and are not an endorsement of either product.
Tdap vaccines:Boostrix (GSK) is licensed for persons 10 years of age and older.
Adacel (sanofi) is licensed for persons 11 through 64 years of age.

Courtesy of the Minnesota Department of Health (www.health.state.mn.us/diseases/tetanus/hcp/tetwdmgmt.html), with modifications.

Daily Dose of Tenofovir Disoproxil Fumarate Powder		
Patient Weight	**Dose (mg) of Tenofovir Disoproxil Fumarate Once Daily**	**Scoops of Powder (One Level Scoop = 40 mg Tenofovir Disoproxil Fumarate)**
10 to <12 kg	80 mg once daily	2 scoops
12 to <14 kg	100 mg once daily	2.5 scoops
14 to <17 kg	120 mg once daily	3 scoops
17 to <19 kg	140 mg once daily	3.5 scoops
19 to <22 kg	160 mg once daily	4 scoops
22 to <24 kg	180 mg once daily	4.5 scoops
24 to <27 kg	200 mg once daily	5 scoops
27 to <29 kg	220 mg once daily	5.5 scoops
29 to <32 kg	240 mg once daily	6 scoops
32 to <34 kg	260 mg once daily	6.5 scoops
34 to <35 kg	280 mg once daily	7 scoops
≥35 kg	300 mg once daily	7.5 scoops

Daily Dose of Tenofovir Disoproxil Fumarate Oral Tablets For children ≥2 years weighing ≥17 kg and adolescents	
Patient Weight	**Dose (mg) of Tenofovir Disoproxil Fumarate Once Daily**
17 to <22 kg	150 mg once daily
22 to <28 kg	200 mg once daily
28 to <35 kg	250 mg once daily
≥35 kg	300 mg once daily

Obtained from: Tenofovir Disoproxil Fumarate (Lexi-Drugs) - UpToDate® Lexidrug™

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