HIV nPEP (Non-Occupational Post-Exposure Prophylaxis)

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What is a Clinical Pathway?

An evidence-based guideline that decreases unnecessary variation and helps promote safe, effective, and consistent patient care.

Objectives of Pathway

- Ensure that all patients who are potentially exposed to HIV receive prompt and appropriate anti-retroviral therapy to decrease their risk of becoming infected with the virus and developing HIV/AIDS
- Ensure that all patients potentially exposed to HIV have the appropriate baseline laboratory testing
- To ensure appropriate follow up and monitoring for patients potentially exposed to HIV

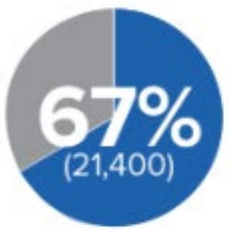
Why is Pathway Necessary?

- Timely and appropriate anti-HIV regimens can decrease the risk of patients acquiring HIV
- Many anti-HIV medications may not be readily available at local pharmacies (especially pediatric dosage forms) – ensuring patients have an adequate supply of medication is crucial
- Ensure that patients have appropriate treatment and necessary work up
- Ensure that patients have appropriate follow up in place
- In 2016, CDC published new guidelines for non-occupational HIV PEP

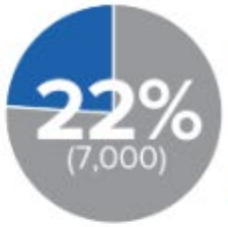
Background

Estimated HIV infections in the US by transmission category, 2022

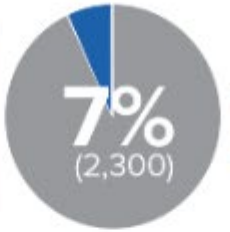
There were **31,800 estimated new HIV infections** in the US in 2022. Of those:



were among gay, bisexual, and other men who reported male-to-male sexual contact*



were among people who reported heterosexual contact

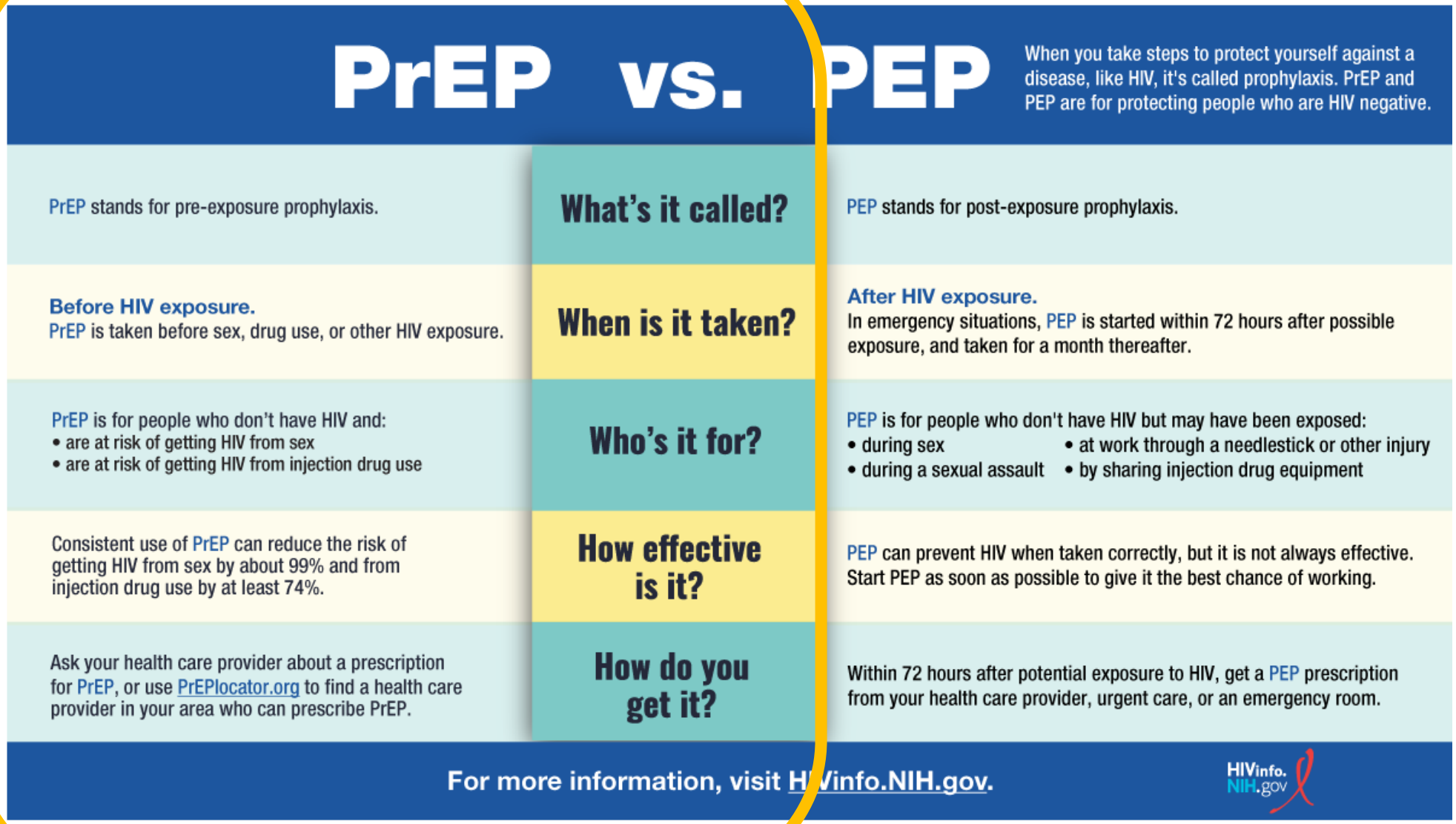


were among people who inject drugs

* Includes infections attributed to male-to-male sexual contact *and* injection drug use (men who reported both risk factors).

Source: CDC. Estimated HIV incidence and prevalence in the United States, 2018–2022. *HIV Surveillance Supplemental Report*, 2024; 29(1).

Background


PrEP vs. PEP
When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis. PrEP and PEP are for protecting people who are HIV negative.
PrEP stands for pre-exposure prophylaxis.
What's it called?
PEP stands for post-exposure prophylaxis.
Before HIV exposure.
PrEP is taken before sex, drug use, or other HIV exposure.
When is it taken?
After HIV exposure.
In emergency situations, PEP is started within 72 hours after possible exposure, and taken for a month thereafter.
PrEP is for people who don't have HIV and:
• are at risk of getting HIV from sex
• are at risk of getting HIV from injection drug use
Who's it for?
PEP is for people who don't have HIV but may have been exposed:
• during sex
• during a sexual assault
• at work through a needlestick or other injury
• by sharing injection drug equipment
Consistent use of PrEP can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.
How effective is it?
PEP can prevent HIV when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.
Ask your health care provider about a prescription for PrEP, or use PrEPlocator.org to find a health care provider in your area who can prescribe PrEP.
How do you get it?
Within 72 hours after potential exposure to HIV, get a PEP prescription from your health care provider, urgent care, or an emergency room.
For more information, visit HIVinfo.NIH.gov.
HIVinfo.NIH.gov

Background

- In 2016, CDC updated their guidelines for Antiretroviral Post-Exposure Prophylaxis for Non-Occupational HIV exposures [1]
  - Outlines specific parameters for starting HIV PEP
  - Outlines specific baseline laboratory work up
  - Outlines only using a 3-drug regimen when HIV PEP is indicated
- 3 drug regimens are preferred because of:
  - Maximal suppression of viral replication
  - Greater protection against acquiring resistant virus
  - Increased likelihood of successful prophylaxis with resistance mutations
  - More likely to limit emergence of resistance
  - Ensures maximal protection for the population who may have poor follow up

Updates for 2026

- Exclusion criteria added
- CDC updated recommendations late 2025
  - Bictegravir (BIC)/emtricitabine (FTC)/tenofovir alafenamide (TAF) is now the preferred regimen for those ≥2 years old and ≥14 kg
- Recommended medications updated to decrease variability between groups
- 7 days of medications to be dispensed at ED discharge
- Linkage to HIV Social Workers to help navigate care (e.g., medication adherence, follow-up)

This is the HIV nPEP Clinical Pathway.

We will be reviewing each component in the following slides.

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)*

Exclusion Criteria: <4 weeks of age; exposure occurred >72 hours ago; patient on HIV Pre-Exposure Prophylaxis (PrEP) medications or infected with HIV (consult Infectious Diseases); perinatal HIV exposure (see Perinatal HIV Exposure Clinical Pathway)

NO → nPEP not indicated

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 Infectious Diseases (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]

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications
- **Lamivudine (3TC)** (oral solution 10 mg/ml):
  - ≥4 weeks to <3 months: 4 mg/kg/dose BID (max 150 mg/dose)
  - >3 months: 5 mg/kg BID or 10 mg/kg once daily (max 300 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
- **Tivicay PD (Dolutegravir) (5 mg tablet for oral suspension) if >3 kg:**
  - 3 kg to <6 kg: 5 mg daily
  - 6 kg to <10 kg: 15 mg daily
  - 10 kg to <14 kg: 20 mg daily
  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily

IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:

Use all three medications:
- **Tenofovir disoproxil fumarate** (powder for suspension or 300 mg tablets)
  - See Appendix C for dosing
- **Lamivudine (oral solution 10 mg/ml)**
  - 5 mg/kg BID or 10 mg/kg once daily (max 300 mg daily)
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  - 10 kg to <14 kg: 20 mg daily
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  - 20 kg to <40 kg: 30 mg daily
  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

≥2 years old AND ≥14 kg AND can swallow tablets:
- **Biktarvy (Bictegravir/emtricitabine/tenofovir alafenamide)**
  - ≥14 kg – 25 kg: BIC 30 mg/FTC 120 mg/TAF 15 mg once daily
  - >25 kg: BIC 50 mg/FTC 200 mg/TAF 25 mg once daily

Discharge Instructions
- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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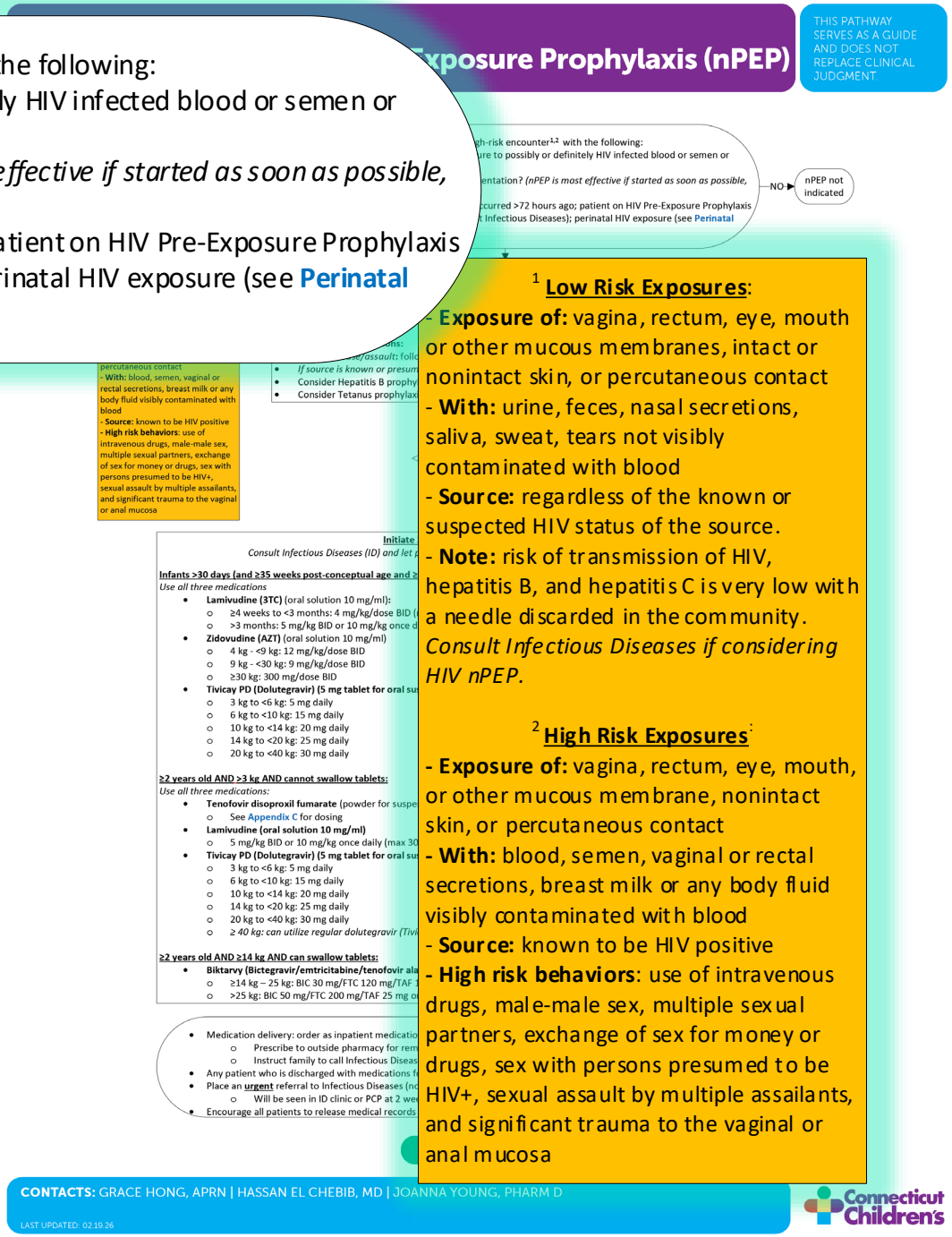
Inclusion Criteria: Presents after a sexual or high-risk encounter[1,2] with the following:

- 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)*

Exclusion Criteria: <4 weeks of age; exposure occurred >72 hours ago; patient on HIV Pre-Exposure Prophylaxis (PrEP) medications or infected with HIV (consult Infectious Diseases); perinatal HIV exposure (see **Perinatal HIV Exposure Clinical Pathway**)

New

- This pathway focuses on non-occupational exposures to HIV.
  - NEW: exclusion criteria added, with link to Perinatal HIV Exposure Clinical Pathway
- A key has been added to outline low vs high risk exposures. Consult ID if you are considering HIV nPEP for low risk exposures.
- HIV nPEP is the most effective within 72 hours of the encounter (it is the best if started as soon as possible, ideally within 24 hours).
  - Beyond this period, HIV nPEP is unlikely to prevent HIV transmission.



- The initial work up includes baseline laboratory tests.
- If we know there is a sexual assault – remember to consult SCAN team.
- If source is known or presumed to be HIV+: consult ID to help determine optimal regimen which may be different than the pathway outlines.
- Considerations for hepatitis B and tetanus prophylaxis has been added.

[1] Low Risk Exposures:
- **Exposure of:** vagina, rectum, eye, mouth or other mucous membranes, intact or nonintact skin, or percutaneous contact

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.*

nPEP not

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**)

- **Lamivudine (3TC)** (oral solution 10 mg/ml):
  - ≥4 weeks to <3 months: 4 mg/kg/dose BID (max 150 mg/dose)
  - >3 months: 5 mg/kg BID or 10 mg/kg once daily (max 300 mg/dose)
- **Zidovudine (AZT)** (oral solution 10 mg/ml)
  - 4 kg - <9 kg: 12 mg/kg/dose BID
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  - 6 kg to <10 kg: 15 mg daily
  - 10 kg to <14 kg: 20 mg daily
  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily

IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:
Use all three medications:
- **Tenofovir disoproxil fumarate** (powder for suspension or 300 mg tablets)
  - See Appendix C for dosing
- **Lamivudine (oral solution 10 mg/ml)**
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  - 20 kg to <40 kg: 30 mg daily
  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

≥2 years old AND ≥14 kg AND can swallow tablets:
- **Biktarvy (Bictegravir/emtricitabine/tenofovir alafenamide)**
  - ≥14 kg – 25 kg: BIC 30 mg/FTC 120 mg/TAF 15 mg once daily
  - >25 kg: BIC 50 mg/FTC 200 mg/TAF 25 mg once daily

Discharge Instructions
- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)

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

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

NO

If the family does not consent to treatment, place an URGENT referral to ID..

The outpatient ID team will ensure appropriate education and testing.

Place URGENT referral to Infectious Diseases and Immunology Department

[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
- Note: [illegible] misappl
hepatitis [illegible] atitis C is v
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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**

nPEP not [illegible]ated

- 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 Infectious Diseases (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]

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications

- **Lamivudine (3TC)** (oral solution 10 mg/ml):
  - ≥4 weeks to <3 months: 4 mg/kg/dose BID (max 150 mg/dose)
  - >3 months: 5 mg/kg BID or 10 mg/kg once daily (max 300 mg/dose)
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  - 20 kg to <40 kg: 30 mg daily

IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:

Use all three medications:

- **Tenofovir disoproxil fumarate** (powder for suspension or 300 mg tablets)
  - See Appendix C for dosing
- **Lamivudine (oral solution 10 mg/ml)**
  - 5 mg/kg BID or 10 mg/kg once daily (max 300 mg daily)
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  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily
  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

≥2 years old AND ≥14 kg AND can swallow tablets:

- **Biktarvy (Bictegravir/emtricitabine/tenofovir alafenamide)**
  - ≥14 kg – 25 kg: BIC 30 mg/FTC 120 mg/TAF 15 mg once daily
  - >25 kg: BIC 50 mg/FTC 200 mg/TAF 25 mg once daily

Discharge Instructions

- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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
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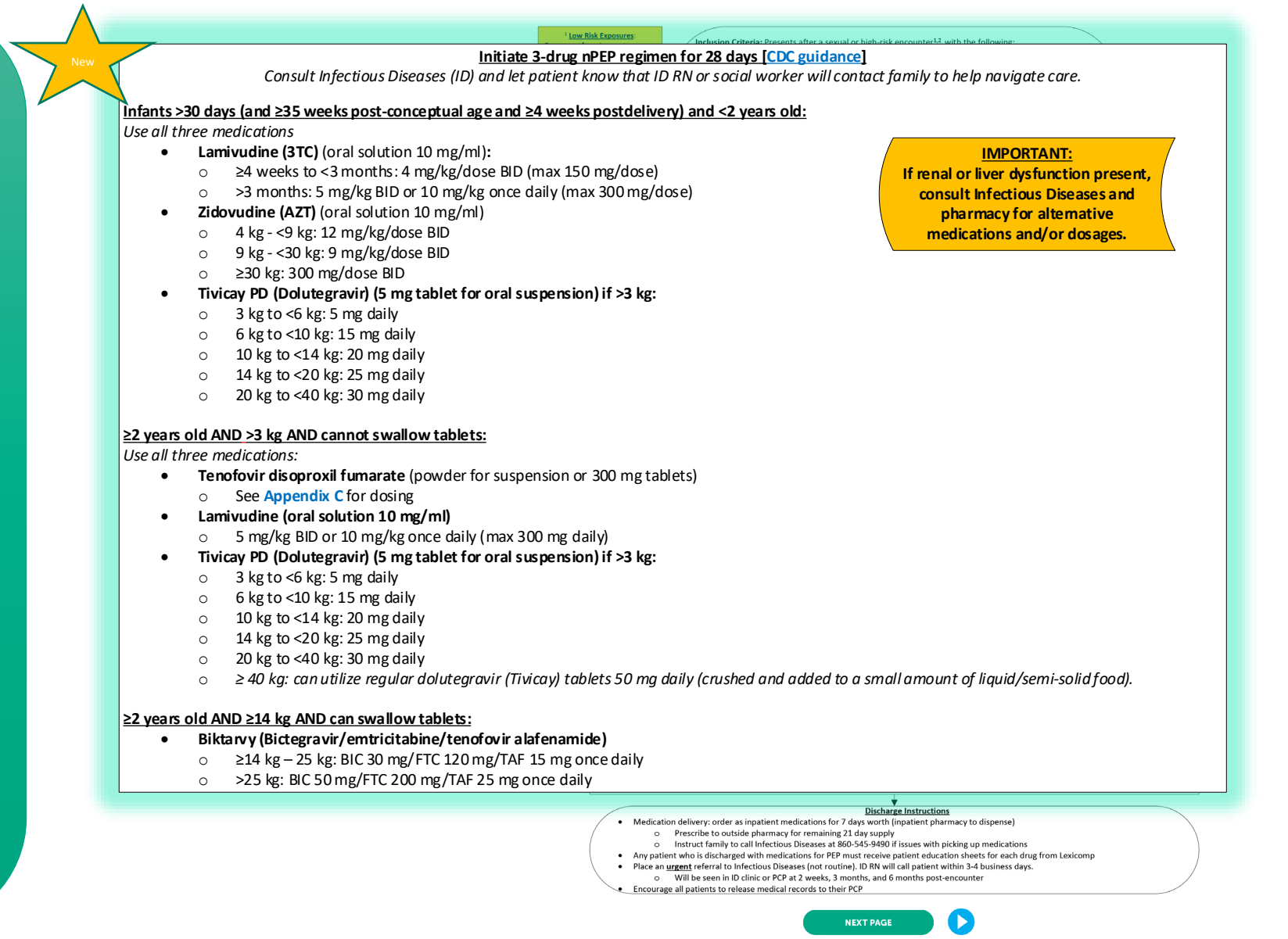
- NEW: The CDC guidelines updated in 2025 (direct link provided)
  - Continue to recommend a 3-drug regimen for HIV nPEP.
  - Bictegravir/emtricitabine/tenofovir alafenamide preferred for adolescents and young adults

- The recommended medications are divided out based on age, weight, and ability to swallow tablets. It no longer differentiates between puberty classification.
- NEW: Medications updated to streamline choices between age groups.



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HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)

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NEW:

For infants >30 days and <2 years old

- Lamivudine dosing updated
- Kaletra (lopinavir/ritonavir) replaced with Tivicay PD (dolutegravir)
- Zidovudine dosing unchanged

New

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

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications

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IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:

Use all three medications:

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  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

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

NEW:

- For those ≥2 years old, options are now divided based on ability to swallow tablets
- If ≥2 years old and weighing >3 kg, liquid options were updated and simplified
- Emtricitabine and raltegravir replaced with Lamivudine and Tivicay PD

New

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

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications

- **Lamivudine (3TC)** (oral solution 10 mg/ml)**:**
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Use all three medications:

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  - See **Appendix C** for dosing
- **Lamivudine (oral solution 10 mg/ml)**
  - 5 mg/kg BID or 10 mg/kg once daily (max 300 mg daily)
- **Tivicay PD (Dolutegravir) (5 mg tablet for oral suspension) if >3 kg:**
  - 3 kg to <6 kg: 5 mg daily
  - 6 kg to <10 kg: 15 mg daily
  - 10 kg to <14 kg: 20 mg daily
  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily
  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

≥2 years old AND ≥14 kg AND can swallow tablets:

- **Biktarvy (Bictegravir/emtricitabine/tenofovir alafenamide)**
  - ≥14 kg – 25 kg: BIC 30 mg/FTC 120 mg/TAF 15 mg once daily
  - >25 kg: BIC 50 mg/FTC 200 mg/TAF 25 mg once daily

Discharge Instructions

- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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LAST UPDATED: 02.19.26

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NEW:

- Biktarvy is now the preferred agent for children and adolescents ≥2 years of age and ≥14 kg

New

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

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications

- **Lamivudine (3TC)** (oral solution 10 mg/ml)**:**
  - ≥4 weeks to <3 months: 4 mg/kg/dose BID (max 150 mg/dose)
  - >3 months: 5 mg/kg BID or 10 mg/kg once daily (max 300 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
- **Tivicay PD (Dolutegravir) (5 mg tablet for oral suspension) if >3 kg:**
  - 3 kg to <6 kg: 5 mg daily
  - 6 kg to <10 kg: 15 mg daily
  - 10 kg to <14 kg: 20 mg daily
  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily

IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:

Use all three medications:

- **Tenofovir disoproxil fumarate** (powder for suspension or 300 mg tablets)
  - See **Appendix C** for dosing
- **Lamivudine (oral solution 10 mg/ml)**
  - 5 mg/kg BID or 10 mg/kg once daily (max 300 mg daily)
- **Tivicay PD (Dolutegravir) (5 mg tablet for oral suspension) if >3 kg:**
  - 3 kg to <6 kg: 5 mg daily
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  - *≥ 40 kg: can utilize regular dolutegravir (Tivicay) tablets 50 mg daily (crushed and added to a small amount of liquid/semi-solid food).*

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- **Biktarvy (Bictegravir/emtricitabine/tenofovir alafenamide)**
  - ≥14 kg – 25 kg: BIC 30 mg/FTC 120 mg/TAF 15 mg once daily
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Discharge Instructions

- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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LAST UPDATED: 02.19.26

NEW:
If there is any renal or liver dysfunction, consult ID and pharmacy for alternative medications and/or dosages.

CLINICAL PATHWAY:
HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)

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

New

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

Consult Infectious Diseases (ID) and let patient know that ID RN or social worker will contact family to help navigate care.

Infants >30 days (and ≥35 weeks post-conceptual age and ≥4 weeks postdelivery) and <2 years old:

Use all three medications

- **Lamivudine (3TC)** (oral solution 10 mg/ml):
  - ≥4 weeks to <3 months: 4 mg/kg/dose BID (max 150 mg/dose)
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- **Zidovudine (AZT)** (oral solution 10 mg/ml)
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- **Tivicay PD (Dolutegravir) (5 mg tablet for oral suspension) if >3 kg:**
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  - 14 kg to <20 kg: 25 mg daily
  - 20 kg to <40 kg: 30 mg daily

New

IMPORTANT:
If renal or liver dysfunction present, consult Infectious Diseases and pharmacy for alternative medications and/or dosages.

≥2 years old AND >3 kg AND cannot swallow tablets:

Use all three medications:

- **Tenofovir disoproxil fumarate** (powder for suspension or 300 mg tablets)
  - See **Appendix C** for dosing
- **Lamivudine (oral solution 10 mg/ml)**
  - 5 mg/kg BID or 10 mg/kg once daily (max 300 mg daily)
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  - Will be seen in ID clinic or PCP at 2 weeks, 3 months, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

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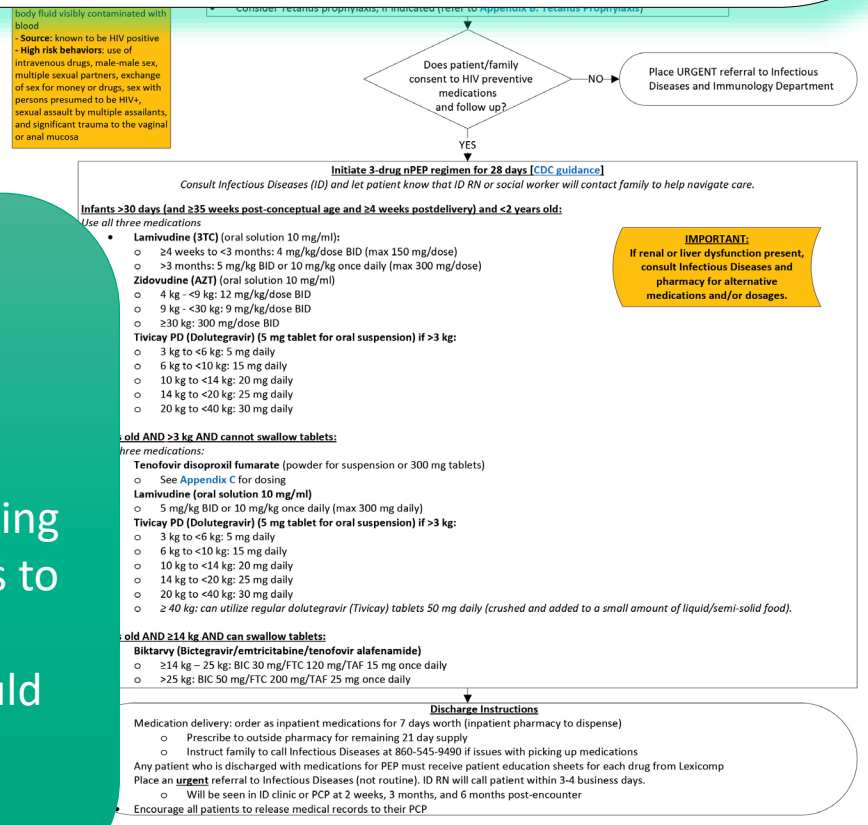
New

Discharge Instructions

- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
  - Prescribe to outside pharmacy for remaining 21 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, and 6 months post-encounter
- Encourage all patients to release medical records to their PCP

- It is often difficult to find an appropriate supply for HIV nPEP medications at outside pharmacies.
  - NEW: our inpatient pharmacy will now give 7 days worth of medication to the patient (previously 3 days), with the remaining supply being sent to the outside pharmacy to allow a few days to pick up medications
- If there are issues with the outpatient medications, the family should be instructed to contact ID for help.



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Discharge Instructions

- Medication delivery: order as inpatient medications for 7 days worth (inpatient pharmacy to dispense)
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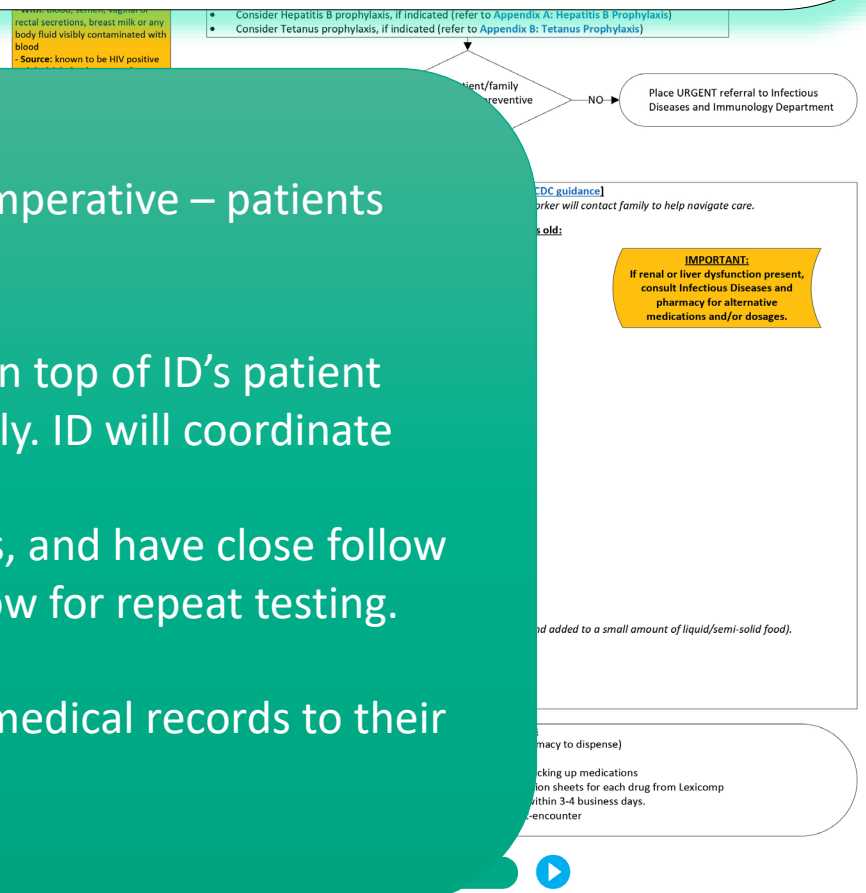
- Encourage all patients to release medical records to their PCP



- ID follow up MUST be arranged prior to discharge. This is imperative – patients who start on HIV nPEP often get lost to follow up.
- Place an URGENT referral to ID in Epic. This will put them on top of ID's patient queue and allow our staff to arrange follow up appropriately. ID will coordinate care with their PCP and SCAN as appropriate.
  - ID will follow up with a phone call in 3-4 business days, and have close follow up in person to ensure medication adherence and allow for repeat testing.
- It is helpful if the ED can encourage all patients to release medical records to their PCP in case the patient is lost to follow up here.

CONTACTS: GRACE HONG, APRN | HASSAN EL CHEBIB, MD | JOANNA YOUNG, PHARM D

LAST UPDATED: 02.19.26

Appendix A outlines recommendations for hepatitis B prophylaxis.

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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LAST UPDATED: 02.19.26

Appendix B outlines tetanus prophylaxis recommendations (adapted from the AAP Red Book).

CLINICAL PATHWAY:
HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)
Appendix B: Tetanus Prophylaxis

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

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

From: **Tetanus (Lockjaw)**

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

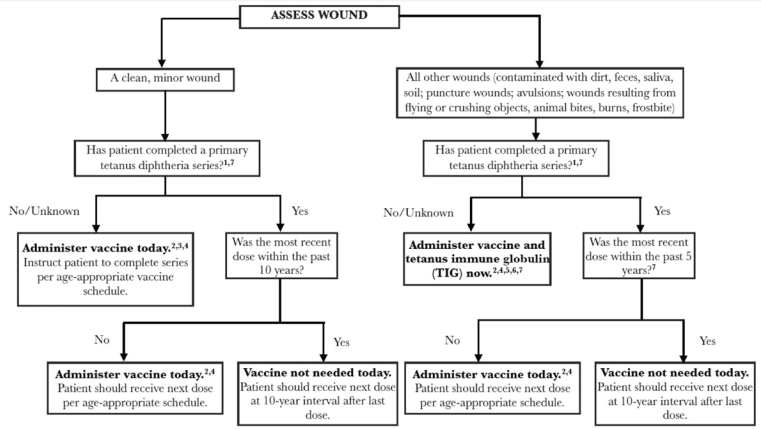

Figure Legend:

[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.

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LAST UPDATED: 02.19.26

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Appendix C outlines the dosing for Tenofovir disoproxil fumarate based on weight and formulation.

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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LAST UPDATED: 02.19.26

Review of Key Points

- HIV nPEP should be started within 72 hours of high-risk exposure.
  - Ideally, it should be started as soon as possible, within 24 hours.
- Baseline testing should be obtained on all patients.
- A 3-drug regimen is recommended for all patients starting HIV PEP – regardless of risk stratification.
- ID should be involved in all cases to provide important linkages to HIV SW and post-ED care, as clinically appropriate

Quality Metrics

- Percentage of patients prescribed the appropriate type medication
- Percentage of patients all PEP patients having obtained baseline HIV, and Hepatitis B and C testing
- Percentage of patients with sexual assault having obtained Syphilis, Chlamydia, Gonorrhea and HcG (if appropriate) testing
- Percentage of patients with Infectious Disease clinic follow up within 2 months of exposure
- Average length of stay in ED (minutes)
- Pathway adherence bundle: percentage of patients with appropriate type of medication and AND obtained baseline HIV, Hepatitis B and C testing

Pathway Contacts

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  - Connecticut Children's Infectious Disease and Immunology Department
- Grace Hong, DNP, APRN
  - Connecticut Children's Infectious Disease and Immunology Department
- Joanna Young, PharmD
  - Antimicrobial Stewardship Program

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Thank You!

About Connecticut Children's Pathways Program

Clinical pathways guide the management of patients to optimize consistent use of evidence-based practice. Clinical pathways have been shown to improve guideline adherence and quality outcomes, while decreasing length of stay and cost. Here at Connecticut Children's, our Clinical Pathways Program aims to deliver evidence-based, high value care to the greatest number of children in a diversity of patient settings. These pathways serve as a guide for providers and do not replace clinical judgment.