

HIV Post-Exposure Prophylaxis (PEP) for Medical Providers Responsible for Follow-up Care

Will you know what to do if a patient is referred for follow up care after PEP is started at an Emergency Department (ED) or Urgent Care?

PEP is a safe 28-day regimen that is generally initiated in the ED. Emergent care for non-occupational exposure covers initial tests, the first few days of medication and referral for follow up medication and testing. The NYS HIV Guidelines for PEP contain the specific clinical information that allows you to confidently manage PEP follow-up care.

What information is available for the provider who is not experienced with PEP?

The **NYSDOH HIV Guidelines** web site provides detailed guidance on what you need to do to ensure your patients are treated appropriately to prevent HIV, HBV and HCV infection. These guidelines are located on www.hivguidelines.org

- **HIV Prophylaxis Following Occupational Exposure**
- **HIV Prophylaxis for Victims of Sexual Assault**
- **HIV Prophylaxis Following Non-Occupational Exposure**
- Specialists are available to answer clinician's case-specific questions regarding PEP, HIV, PrEP, HCV or STD's through the **CEI Clinical Consultation Line: 866-637-2342**

What type of information is needed to follow up PEP?

- The names of the antiretroviral medications that were started as PEP in the ED.
- Whether the exposed person (EP) is tolerating medication or experiencing any adverse effects.
- Results of tests that were done on the exposed person and test results of source patient.

What interventions are expected to have occurred in the ED?

- First aid of the exposure site.
- Determination of significant exposure. This case by case evaluation is based on the type of exposure and the amount of fluid involved. The HIV guidelines include tables to assist with this determination.
- **Once a significant exposure is determined, PEP is promptly initiated:**
 - 1st dose is to be offered ASAP, even while EP testing is underway.
 - A starter pack of medication should be dispensed to ensure EP is able to continue treatment as ordered until a prescription can be filled for the balance of the 28 day treatment period.

Exposed persons receiving PEP are to be discharged with a medical appointment for follow up care within 3 days of exposure. Often this referral is for follow up with the individual's primary care provider.

What is your role as the "referred to" provider?

- The first follow up visit, ideally occurring within 3 days of the exposure, is to:
 - further clarify the nature of the exposure
 - provide an opportunity to review available source person data
 - evaluate adherence to PEP regimen
 - monitor toxicities associated with the PEP regimen
- The exposed person should be evaluated weekly while receiving PEP to assess treatment adherence, side effects, interval physical complaints and emotional status.
- Clinicians should provide risk-reduction counseling to exposed persons to prevent secondary transmission during the 12 week follow-up period:
 - advise use of condoms to prevent potential sexual transmission
 - avoidance of pregnancy and breastfeeding
 - avoidance of needle-sharing
 - abstain from donating blood, plasma, organs, tissue or semen

What follow up testing will the exposed patient need?

Monitoring Recommendations after Initiation of PEP Regimens

	Baseline	Week 1	Week 2	Week 3	Week 4	Week 12
Clinic Visit	√	√ <i>Or by telephone</i>	√ <i>Or by telephone</i>	√ <i>Or by telephone</i>	√	
Pregnancy Test	√					
Serum liver enzymes, BUN, creatinine, CBC^a	√		√		√	
HIV test^b	√				√	√
STI Screening (for exposures unrelated to sexual assault) <ul style="list-style-type: none"> • GC/CT NAAT (based on site of exposure) • RPR See HIV Prophylaxis for Victims of Sexual Assault for recommendations in cases of sexual assault.	√		√ (consider)			
Hepatitis B and C	For post-exposure management for hepatitis B and C, see section in any of the PEP Guidelines addressing exposures to Hepatitis B and C					

^a CBC should be obtained at baseline. Follow-up CBC is indicated only for those receiving a zidovudine (AZT)-containing regimen.
^b Recommended even if PEP is declined.

- Sequential HIV testing should be obtained at baseline, week 4 and week 12 post-exposure.
 - If at any time the HIV test result is positive, an FDA-approved confirmatory assay must be performed.
 - A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the exposure; testing at six months post-exposure is no longer recommended.
 - If the exposed person presents with signs or symptoms of acute HIV seroconversion, an HIV serologic screening test should be used in conjunction with a plasma HIV RNA assay to diagnose acute HIV infection. A 4th-generation HIV antigen/antibody combination test is the recommended serologic screening test. Immediate consultation with a clinician experienced in managing ART should be sought for optimal treatment options.

What payment options are available to cover PEP?

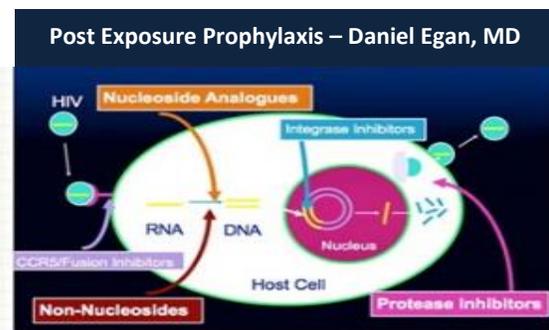
- Occupational exposures are generally covered under the Employer's Insurance or Workman's Compensation. An information sheet entitled "Payment Options for Post-Exposure Prophylaxis Following Non-Occupational Exposures Including Sexual Assault" is available at www.health.ny.gov/diseases/aids/

Additional Resources:

PEP Clinical Cards can be ordered at:
www.surveymonkey.com/r/BG38MH5

Post Exposure Prophylaxis Webinar (1 hour CME):
https://www.ceitraining.org/courses/course_detail.cfm?medialD=400#.WEXeBblrJgg

The image shows two clinical cards. The left card, titled 'RECOMMENDED REGIMEN for Exposed Patients > 13 years old', lists two regimens: a 28-day regimen (Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd) plus PrEP, and preferred alternative regimens (Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd plus Darunavir 800 mg PO qd or Atazanavir 300 mg PO qd or Fosamprenavir 1400 mg PO qd) plus Ilonavir 100 mg PO qd. It includes contact information for the CEI line at 866-637-2342. The right card, titled 'PEP TRIAGE PROTOCOL', outlines four steps: 1. Evaluate exposure, 2. Initiate first dose of PEP regimen, 3. Perform baseline testing, and 4. Provide counseling and referral.



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