COUNSELING AT TREATMENT ADOLESCENTS AND ADULTS (≥13 YEARS):

- Sexually transmitted GC/CT and chlamydia infections: all meds administered on site by provider – azithromycin 1 gram PO x 1 & ceftriaxone 250 mg IM x 1 & (if risk of vaginitis) metronidazole 2 grams PO x 1.
- HIV prophylaxis: TDF/FTC (Truvada™) + dolutegravir (Tivicay™) 5 – 1 tab each PO daily x 28 days (administer first dose at site as soon as possible after rapid HIV negative status obtained or non-rapid HIV test result).
- Emergency contraception: for persons at risk of pregnancy.
- All persons not known to be previously vaccinated against HBV, should receive hepatitis B vaccination (without hepatitis B immune globulin), with the first dose administered during the initial examination. If the exposure source is available for testing & is HBsAg-positive, unvaccinated nPEP patients should receive both hepatitis B vaccine & hepatitis B immune globulin during the initial evaluation. Follow-up dose(s) should be administered as per vaccine package insert. Previously vaccinated sexually assaulted persons who did not receive postvaccination testing should receive a single vaccine booster dose.
- For those ages 9-26 years inclusively, offer first HPV vaccination dose if not adequately vaccinated previously.
- Gonorrhea & chlamydia (GC/CT) – swabs of all sites of sexual contact including oropharyngeal, rectal, and genital; urine testing may be considered in place of genital testing.
- Rapid HIV Ab/Ag testing².
- Urine pregnancy test for persons at risk of pregnancy.
- Routine bloodwork in assessing renal & liver function (serum creatinine, ALT, AST; estimated creatinine clearance).
- If rapid HIV testing result is "NEGATIVE" (NON REACTIVE), OFFER nPEP³.
- For all post-sexual exposures (oral, vaginal, rectal exposures), offer on-site treatment for GC/CT, & for trichomoniasis (when risk of vaginitis).
- Follow-up must be scheduled at 72 hours & 4 weeks after initial treatment.
- Initial treatment & at follow up visits:
  - Possible drug side effects: nausea, GI upset, headache, myalgias.
  - Possible drug interactions: antacids, calcium, iron supplements.
  - Importance of adherence to nPEP regimen for 28 days without interruption. nPEP initiation immediately after finishing 28-day nPEP prevention with those on ongoing risk.
  - HIV/Ag testing at 6 weeks & 3 months post initial non-reactive test.
  - HBV & HCV testing at 6 months post initial non-reactive test.

FOR PEDIATRIC, DECREASED RENAL FUNCTION OR OTHER INSTRUCTIONS:
- Clinic Consultation Center PEPline at (888)448-4911 for assistance http://nccc.ucsf.edu/.
- International Association of Forensic Nurses National Pediatric Protocol at kidsta.org.
- Footnotes:
  1 For post-sexual assault patients, the need for STI testing should be considered on an individual basis: http://www.safeta.org/?page=ExamProcessSTIor https://www.cdc.gov/std/tg2015/sexual-assault.htm.
  2 Preferably a rapid 4th generation (Ag/Ab) test should be done, but if not available, non-rapid HIV testing should be done. START nPEP immediately & arrange follow-up 1-2 days for HIV results.
  3 If the HIV test result is non-reactive, the person should NOT to give nPEP, but be referred for support counseling & connected to a clinician or specialty care (to provide immediate & before being discharged).
  4 Collostrum is the recommended method for GB & should be substituted with another antibiotic unless we do not have indications for its use. CDC 2010/11/12 treatment guidelines for gb in http://www.cdc.gov/std/tg2010.
  5 All persons offered nPEP should be prescribed 28 days course of a 3-drug regimen
  6 Pre-exposure prophylaxis (PrEP): contact the Clinician Consultation Center at 1-888-448-7737 for clinician-to-clinician advice. For feedback, questions, or more of this resource, contact us at info@aidsetc.org.
TREATMENT NEEDS
POST-SEXUAL EXPOSURE

Negligible Risk for HIV Acquisition

Substantial Risk for HIV Acquisition

nPEP IS RECOMMENDED as soon as possible >72 hours since exposure.

Source known to be living with HIV

Source of unknown HIV status

Case-by-Case Determination

Additional Information

Health care providers should evaluate persons rapidly for nPEP when care is sought <72 hours after an exposure that presents a substantial risk for HIV acquisition. The decision to recommend nPEP should not be influenced by the geographic location of the assault/exposure.

nPEP is not recommended when care is sought >72 hours after potential exposure.

Regimens are available for children, and persons with decreased renal function.

A case-by-case determination about nPEP is recommended when the HIV infection status of the source of the body fluids is unknown and the reported exposure presents a substantial risk for transmission if the source did have HIV infection.

Follow-up for people receiving nPEP is important and should be provided by or in consultation with a clinician experienced in managing nPEP. Providers who do not have access to a clinician experienced in providing nPEP follow-up should make linkages with community providers with this experience or contact the Clinician Consultation Center PEPline at (888)448-4911 for assistance.

http://nccc.ucsf.edu/