

Clinical Resources for HIV Prevention after Sexual Assault (Non-Occupational Post-Exposure Prophylaxis = nPEP)

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[nPEP Clinical Workflow after Sexual Assault \(Adult Patients\)](#)

[nPEP Clinical Workflow after Sexual Assault \(Pediatric Patients, Ages 13-18\)](#)

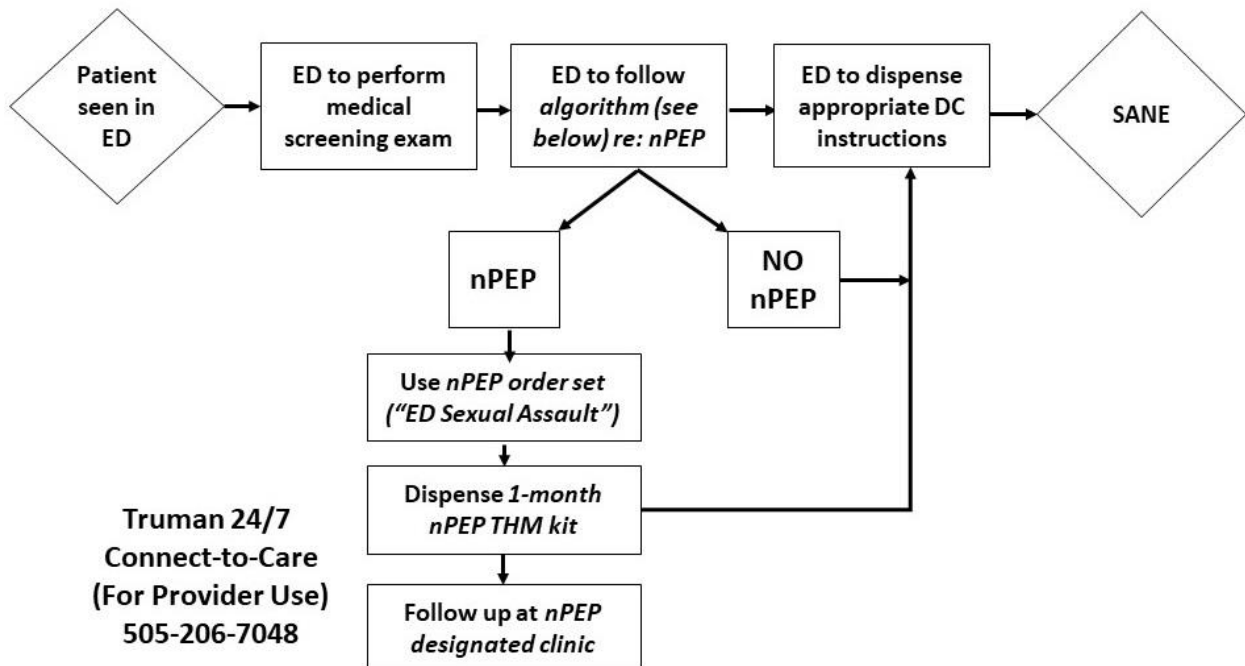
[nPEP Decision Support Algorithm](#)

[HIV Acquisition Risk by Exposure Type](#)

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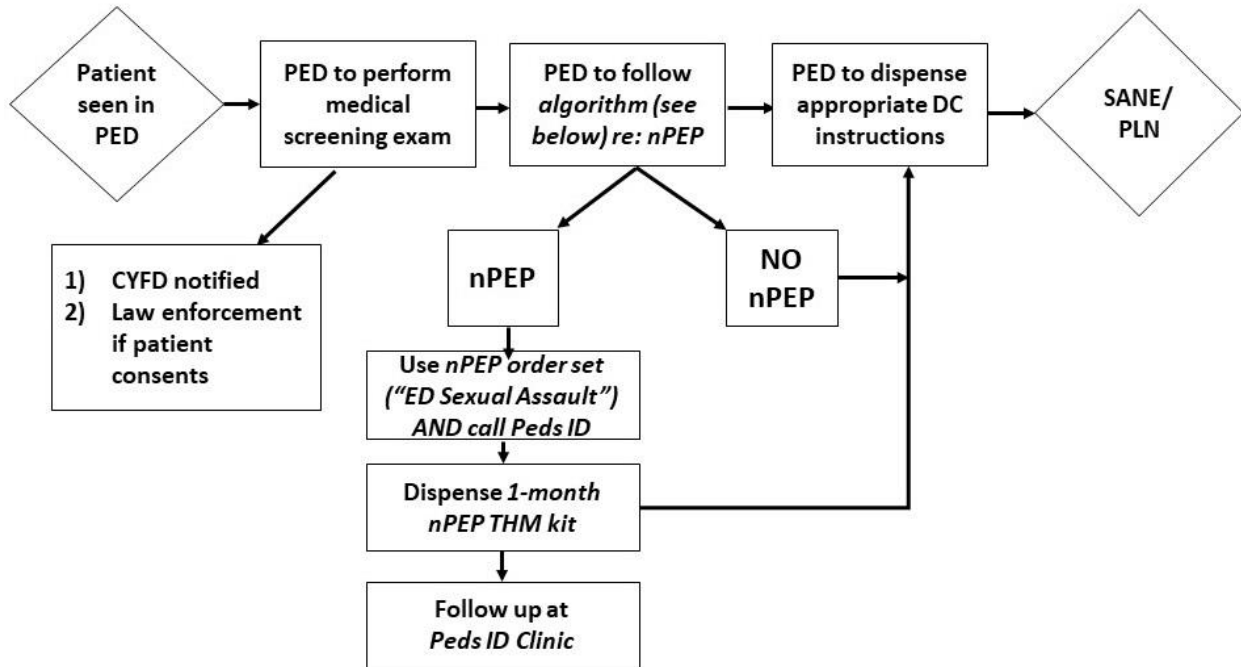
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nPEP Clinical Workflow after Sexual Assault (Adult Patients)



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nPEP Clinical Workflow after Sexual Assault (Pediatric Patients, Ages 13-18)



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UNM nPEP Algorithm for Evaluation and Treatment of Possible HIV Exposure after Sexual Assault in Patients ≥ 13 Years of Age

	Exposure ≤ 72 Hours Ago	Exposure > 72 Hours Ago
Source/Assailant Known HIV-Positive		
High risk for transmission <ul style="list-style-type: none"> • Non-intact skin • Anal penetration • Exposure of mucous membrane to blood or semen • Bloody bodily secretions 	Offer nPEP: Truvada® 200/300 mg daily AND Isentress® 400 mg BID x 28 days*	No nPEP
Low/negligible risk for transmission <ul style="list-style-type: none"> • Intact skin • Non-bloody secretions (e.g., urine, saliva, sweat, tears) 	No nPEP	No nPEP
Source/Assailant with Unknown HIV Status		
High risk for transmission <ul style="list-style-type: none"> • Non-intact skin • Anal penetration • Exposure of mucous membrane to blood or semen • Bloody bodily secretions 	Offer nPEP: Truvada® 200/300 mg daily AND Isentress® 400 mg BID x 28 days*	No nPEP
Low/negligible risk for transmission <ul style="list-style-type: none"> • Intact skin • Non-bloody secretions (e.g., urine, saliva, sweat, tears) 	No nPEP	No nPEP

*If CrCl ≤ 59 mL/min, consider calling Infectious Diseases or Pediatric Infectious Diseases for an alternate nPEP regimen. Note: **If any patient evaluated is HIV-positive and not on HIV medications, consider referral to Truman Clinic. HIV-positive patients will not benefit from nPEP.** nPEP: Non-occupational post-exposure prophylaxis. Source: <https://www.cdc.gov/std/tg2015/sexual-assault.htm>.

HIV Acquisition Risk by Exposure Type

Exposure Type	Estimated Per-Act Rate of HIV Acquisition Following Exposure from a HIV-Infected Source
Parenteral <ul style="list-style-type: none"> • Blood transfusion • Needle sharing during injection drug use • Percutaneous (needle stick) 	92.5% <1% <1%
Sexual <ul style="list-style-type: none"> • Receptive anal intercourse • Receptive penile-vaginal intercourse • Insertive anal or penile-vaginal intercourse • Insertive or receptive oral intercourse 	1.4% <1% <1% <1%
Other <ul style="list-style-type: none"> • Biting or spitting • Throwing body fluids (including semen) • Sharing sex toys 	Negligible Negligible Negligible

Notes: Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, antiretroviral treatment, and pre-exposure prophylaxis. **None of these factors are accounted for in the estimates above.**

Source: <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>.

nPEP (“ED Sexual Assault”) Careset

Careset: ED Sexual Assault

Use this careset when nPEP is indicated.

(See the nPEP algorithm above for more information about nPEP indications.)

Component	Order Details
Laboratory	
<input type="checkbox"/> CR (Creatinine)	AS-ASAP, Nurse Collect, T;N
<input type="checkbox"/> AST	AS-ASAP, Nurse Collect, T;N
<input type="checkbox"/> ALT	AS-ASAP, Nurse Collect, T;N
<input type="checkbox"/> Hbsag (Hepatitis B Surface Antigen)	STAT, Nurse Collect, T;N
<input type="checkbox"/> Hbsab Titer (Hepatitis B Surface Antibody titer)	STAT, Nurse Collect, T;N
<input type="checkbox"/> HB Core Ab (Hep B Core Ab Total)	STAT, Nurse Collect, T;N
<input type="checkbox"/> Hepatitis C antibody (HCV)	STAT, Nurse Collect, T;N
iSTAT & POC	
<input type="checkbox"/> HIV POC (POC HIV)	If positive, order reflex confirmatory HIV blood test (no nPEP). If negative, give nPEP kit.
Sexual Assault HIV Non-Occupational Post-Exposure Prophylaxis (nPEP)	
Kit contains 30 day supply of emtricitabine-tenofovir (Truvada) and raltegravir (Isentress)	
<input type="checkbox"/> ED Sexual Assault Medications Kit	1 kit, kit, THM, once then discontinue, Start date 10/24/2018 12:00 MDT, Stop date 10/24/2018 12:00 MDT

For Adult Patients: Call Truman 24/7 Connect-to-Care Provider Line at 505-206-7048 for New Positive HIV POC Test OR Negative HIV POC Test if nPEP Prescribed.

For Pediatric Patients: Call Peds ID.

Prophylaxis for Sexually Transmitted Infections (STIs) in Adults ≥ 18 Years of Age

****Do not routinely give prophylaxis for sexually abused or assaulted children.****

Please contact CYFD/Law Enforcement if you have a suspected or confirmed case of child sexual abuse or assault. Please contact SANE if sexual assault <72 hours. Please contact Para Los Ninos if sexual assault >72 hours. Do not give family Para Los Ninos phone number.

Please review Child Sexual Abuse/Assault Triage Document.

Child sexual abuse is defined as any sexual contact with a child < 13 years of age or between 13-18 years of age by a person in a position of authority, i.e. family member, teacher, guardian, etc.

STI	Preferred Regimen
Gonorrhea & Chlamydia Male and female patients	Ceftriaxone 250 mg IM x 1 dose plus Azithromycin 1 g PO x 1 dose
Trichomonas Female patients only	Metronidazole 2 g PO x 1 dose
Hepatitis B Virus (HBV) Male and female patients	<u>Not previously vaccinated:</u> <ul style="list-style-type: none"> • Administer HBV vaccine ± hepatitis B immune globulin • Booster vaccines recommended at 2 and 6 months after initial vaccine <u>Previously vaccinated:</u> Administer HBV vaccine
Human Papilloma Virus (HPV) Female patients, 9-26 yrs Male patients, 9-21 yrs	<ul style="list-style-type: none"> • Administer HPV vaccination • Booster vaccines recommended at 2 and 6 months after initial vaccine