New Jersey HIV Planning Group

Position Paper on

Non-Occupational Post-Exposure Prophylaxis (nPEP) of HIV

This paper intends to provide the reader with a brief history on Non-occupational Post-Exposure Prophylaxis (nPEP) for HIV and its addition to the menu of evidence-based interventions used to prevent HIV transmission. Additionally it explores the need to incorporate nPEP into existing HIV prevention services including New Jersey community-based PrEP Education and Access programs. Finally, the paper will discuss steps New Jersey can take to implement such a program to fit the needs and demands of both consumers and providers throughout the state.

The New Jersey HIV Planning Group (NJHPG) supports the addition of Non-occupational Post-exposure prophylaxis (nPEP) into the menu of evidence-based interventions used to prevent HIV transmission by developing nPEP specific initiatives throughout New Jersey fully integrated into current PrEP Education and Access programs.

Introduction

The most effective methods for preventing human immunodeficiency virus (HIV) infection are those that protect against exposure to HIV. Antiretroviral therapy cannot replace behaviors that help avoid HIV exposure (e.g., sexual abstinence, sex only in a mutually monogamous relationship with a non-infected partner, consistent and correct condom use, abstinence from injection-drug use, and consistent use of sterile equipment by those unable to cease injection-drug use). Medical treatment after sexual, injection-drug--use, or other non-occupational HIV exposure[*] is less effective than preventing HIV infection by avoiding exposure[i].

While biomedical (Pre-Exposure Prophylaxis) and behavioral (condom usage) prevention strategies are the most effective at avoiding infection we recognize nPEP as yet another tool that can be used in the case HIV exposure may have occurred.

nPEP provides a window of opportunity for potential intervention after potential HIV exposure (Dr. Raphael J. Landowitz, 2009).

nPEP is a course of emergency medication that can prevent HIV transmission after a HIV-negative person is potentially exposed to the virus via infected blood, genital secretions or bodily fluids. nPEP has been traditionally used for occupational exposures. This paper intends to speak about the expansion of its use for non-occupational exposures (will be referred to as nPEP).

Often termed the "HIV morning-after pill," nPEP must be started within 72 hours after a person is put at risk. But unlike the one-time Plan B contraception pill, nPEP requires taking at least three antiretroviral (ARV) medications for 28 days. nPEP contains some of the same drugs used by persons living with HIV.

Although nPEP aims to prevent HIV infection, it is still possible someone taking nPEP could be acutely infected with HIV. Therefore, while taking nPEP, consumers should be encouraged to minimize the risk of exposing others to HIV. For sex partners, this includes abstinence or barrier methods (such as female or male condoms); for drug-use partners, avoiding sharing of injection equipment. If consumers are HIV-negative at the end of nPEP, they can minimize their own HIV exposure risk by continuing these behaviors. At follow-up visits, clinicians should assess their consumers' needs for behavioral intervention, education, and services. This assessment should include frank, nonjudgmental questions about sexual behaviors, alcohol use, and illicit drug use. Clinicians should help consumers identify ongoing risk issues and develop plans for improving their use of preventive behaviors.

nPEP is available by prescription from a medical provider, such as a physician, nurse practitioner, or physician assistant. nPEP can also be accessed at a local emergency room or urgent care clinic, although these locations may only provide just the first two or three days' doses to get an individual started on the medication regimen (colloquially known as a "starter pack").

Dr. Antonio Urbina of Spencer Cox Center for Health notes, "It takes about five days for HIV to work itself through our bodies and into our bloodstream". "Once HIV enters into the bloodstream, a person is infected with HIV and nothing can be done to reverse this infection. nPEP works by blocking HIV's ability to make copies of itself. By doing this, the HIV virus is contained and destroyed by the body before it has a chance to cause infection. (Halter, 2013)"

➢ PEP Models for New Jersey's Success

Localities such as New York, California, Louisiana, Washington and Georgia have demonstrated success with nPEP implementation by addressing the lack of community awareness regarding nPEP and the concerns providers have concerning medication adherence.

Most notably, the Whitman-Walker Clinic (DC), Fenway Community Health Center (Boston), San Francisco City Clinic, Howard Brown Health Center (Chicago), and New York City City Department of Health can serve as great models for New Jersey.

These jurisdictions have developed some best practices in nPEP implementation such as:

- Extending the length of doses for "starter packs" from one or two days to three, four or five days, thus, providing consumers greater access to nPEP while their monthly prescription is being filled.
- You should begin nPEP within 36 hours but not beyond 72 hours after a potential exposure to HIV.
- Addressing inconsistent medication intake via wide-scale consumer education and treatment adherence services in addition to comprehensive risk-reduction counseling.
- Providing healthcare advocacy to consumers, pharmacies and health insurance companies to address the affordability and accessibility of nPEP.
- Assuring that PrEP Counselors will:
    - Navigate consumers to pharmacies and health insurance companies to address the affordability and accessibility of nPEP
    - Address barriers to consistent medication intake
    - Encourage continued HIV prevention strategy through the use of PrEP

Similar to PrEP, the implementation of nPEP as HIV Prevention intervention includes much more than just a pill. nPEP presents an opportunity to link patients to a comprehensive prevention strategy anchored by routine HIV/STD testing, risk-reduction counseling, treatment adherence and health education including correct and consistent condom use.

For consumers, nPEP serves as an empowering tool, especially for those who may have been exposed to HIV and are unsure as to what to do. Furthermore, when incorporated with other prevention initiatives, nPEP can promote sexual health by giving those at greatest risk for HIV infection resources and tools to think and act proactively regarding their sexual behavior.

For providers, nPEP affords another tool in a growing arsenal to combat the HIV epidemic. Providers should also engage in client-centered conversations with their consumers regarding their personal risks and prevention options including the consideration of PrEP, and, and supporting a commitment to their personal health.

While the overall number of new HIV infections in the state of New Jersey has decreased, some subpopulations continue to show a significant rise in the rate of newly acquired HIV infection. For example, African Americans accounted for half of new HIV/AIDS diagnoses in New Jersey. Additionally, 75% of the diagnoses among 13-24 year olds were attributable to men who have sex with men (MSM). nPEP may serve as an effective tool to combat HIV in these and other high-risk populations (New Jersey Department of Health, 2013).

By identifying nPEP as a key Action Step within the New Jersey Integrated HIV Prevention and Care Plan 2017-2021, the New Jersey Department of Health, Division of HIV, STD, TB Services (DHSTS) emphasizes the importance of including nPEP as a part of the arsenal to combat the HIV/AIDS epidemic.

nPEP Dissemination in New Jersey

In response to the NHAS goals, the NJDOH in collaboration with the NJHPG and other regional planning bodies created goals to reduce the number of new HV infections in the state:

To reduce the annual number of new infections by 25%, DHSTS will employ nPEP and other biomedical strategies to prevent new infections, improve provider education, and identify funding resources to cover the cost of medications and review best care and treatment practices.
(New Jersey Department of Health, 2014-2016) [ii]

In keeping with this aim to slow the spread of the epidemic, we support incorporating statewide initiatives for nPEP to include:

1. Providing designated emergency rooms or 340b sites (at least one per region) with "nPEP starter packs" (five days) to provide consumers access to nPEP within 36 -72 hours of exposure.

2. Creating an MOA with participating pharmacies (at least one per region) that will stock or gain quick access for nPEP medication

3. Providing community nPEP education to include:
    a. Education regarding the importance of immediate medication access
    b. The provision of a list of all nPEP designated sites for starter packs
    c. The provision of a list of participating pharmacies that stock or provide quick access to nPEP

4. Providing health care professionals nPEP education to include:
    a. Education regarding the importance of immediate medication access
    b. The provision of a list of all nPEP designated sites for starter packs
    c. The provision of a list of participating pharmacies that stock or provide quick access to nPEP
    d. Education regarding best practices for additional referrals nPEP treatment includes referrals for HPV and STD screenings, as well
    e. The provision of the New Jersey PrEP Counselor list for follow-up referral
    f. Assuring that PrEP Counselors will:
        1. Navigate consumers to pharmacies and health insurance companies to address the affordability and accessibility of nPEP
        2. Address barriers to consistent medication intake
        3. Encourage continued HIV prevention strategy through the use of PrEP

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[i] Centers for Disease Control and Prevention (2016). Updated Guidelines for Antiretroviral Post exposure Prophylaxis after Sexual, Injection Drug Use or Other Non-occupational Exposure to HIV.

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