

"Putting HIV PEP into practice: opportunities and lessons learned from a 10-year retrospective analysis of consultations with college health clinicians" Erin R Lutes, MS, RN, PHN, CNS, April Nakayoshi, MPH, CHES, Parya Saberi PharmD, MAS, MFA, AAHIVP, Marliese E. Warren, MS, Sophie Claisse, Chris Bositis, MD, AAHIVS

This retrospective analysis aimed to better understand the capacity-building needs of college health clinicians when evaluating and managing blood-borne pathogen (BBP) exposures and initiation of non-occupational HIV post-exposure prophylaxis medications (nPEP).

Background

18% of new HIV diagnoses in 2023 were among people between 13 and 24¹ - the age group least likely to know their HIV status² and receive most of their care through student health services.

New HIV diagnoses disproportionately impact certain populations in this age group vs. other age groups¹.

Timely, low-barrier access to nPEP and other HIV prevention services is critical to address disparities.

There are no data describing exposure types and topics for which college health clinicians seek consultation.

Methods

Since 1997, the federally funded National Clinician Consultation Center (NCCC) has provided on-demand HIV PEP teleconsultation to US-based providers, including college health clinicians.

Using univariate analyses, we examined retrospective data from consultations over a 10-year period (1/1/2014 - 12/31/2023) of college health clinicians' calls to the NCCC's PEPline.

We looked at consultations related to two types of exposures: sexual exposures and sharing needles/injection drug use (IDU).

Results

From 1/1/2014 - 12/31/2023, there were a total of 993 calls to the PEPline from college health clinicians.

747 calls (75%) were about consensual sex, and 243 calls (24%) were about sexual assault

39% of consultations occurred between 2-36 hours post-exposure, 33% between 36-72 hours post-exposure, and 26% were >72 hours postexposure.

52% of callers were physicians, 33% were Advanced Practice Nurses.

44% of callers had managed 5 or fewer cases.

Zero consultations were about exposures after sharing needles/IDU.



1 Centers for Disease Control and Prevention. "Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2023". CDC HIV Data Website. 1 May 2025. https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html 2 Centers for Disease Control and Prevention. *Diagnoses, deaths, and prevalence of HIV in the United States and 6 territories and freely associated states, 2022*. HIV Surveillance Report, 2022; vol. 35. <u>http://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html</u>. Published May 2024. Accessed October 17, 2024 3 Kuhar, David T., et al. "Updated US Public Health Service guidelines for the management of occupational exposures to human immunodeficiency virus and recommendations for postexposure prophylaxis." *Infection Control & Hospital Epidemiology* 34.9 (2013): 875-892. 4 Dominguez, Kenneth L., et al. "Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016." (2016). 5 Cantor, David, et al. "Report on the AAU campus climate survey on sexual assault and sexual misconduct." 17 Jan 2020.

P exposure discussed ng consultation		Topics discussed during consultation	
		88%	PEP & other exposed patient (EP) management decision
	Sexual Assault 243 (24%)		Exposure assessment and/or source person (S testing
	Not specified 3 (0.3%)	79%	EP baseline and/or follow-up testing
		67%	Drug or vaccine selection and/or adverse drug reactions
		39%	HIV pre-exposure prophylaxis (PrEP)
		1.8%	Other
		1.5%	Referral to care
		0.1%	PEP in minors (< 18 y/o)





Discussion

agement

erson (SP)

There were 4 highly discussed topics: 1) PEP & other exposed patient management decision (88%)

Regardless of prior BBP management experience, college health clinicians

frequently seek expert consultation to manage possible HIV exposures.

- 2) Exposure assessment or source person testing (85%)
- 3) Exposed patient baseline &/or follow up testing (79%)
- 4) Drug or vaccine selection or adverse drug reactions (67%)

Only 24% of consultations discussed sexual assault. Given that 33.2% of undergraduates report they have experienced rape or sexual assault⁵, this may reflect a knowledge gap that care should be sought for possible HIV exposure and potential nPEP initiation after sexual assault.

A quarter of cases discussed exposures that occurred > than the 72-hour timeframe after which nPEP may no longer be effective.

Conclusions

This research illuminates areas in which college health clinician capacitybuilding may reduce perceived complexity of nPEP evaluation and prescribing.

Future training can focus on the top four topics discussed during consultations, tailored to experience level.

Training can increase clinician confidence in nPEP evaluation and management and may reduce the risk of students being referred elsewhere for HIV exposure evaluations.

There is an opportunity to increase clinician and student awareness that HIV exposures are considered an emergency; quick access to evaluation and initiation of nPEP is vital, as efficacy of nPEP decreases over time³

Students may benefit from education related to the need to seek evaluation for possible nPEP initiation post sexual assault.

Increased clinician knowledge and confidence providing nPEP may begin to close the gap in disparities in new HIV diagnoses among certain groups in this patient population.

There is an opportunity for college health clinicians to increase discussions about HIV PrEP during HIV nPEP evaluations.

The lack of calls related to sharing needles/IDU is notable and highlights an opportunity for clinicians and students to be aware that nPEP can be taken after sharing needles with people of unknown HIV status or with people living with HIV.

This National Clinician Consultation Center program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,125,798 with 0% financed with non-governmental sources. The content in this presentation is that of the author(s) and does not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.