



## **Human Immunodeficiency Virus (HIV) Clinical Pathway Synopsis**

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### **Objective of Clinical Pathway**

To provide care standards for the patient who is at risk for HIV. Standardization of care will assist in reducing HIV transmission and complications from untreated disease. The HIV Clinical Pathway provides guidance on testing, management, and treatment in accordance with Centers for Disease Control and Prevention (CDC) guidelines.

### **Background**

Adolescents and young adults remain a priority population for HIV prevention. Many adolescents underestimate their likelihood of acquiring HIV and have limited awareness of their infection risk, contributing to missed opportunities for testing and prevention.<sup>1,2</sup> National estimates show a 30% reduction in new HIV infections from 2018 to 2022 among people aged 13 to 24 years; however, persistent gaps in testing and prevention services still delay diagnosis and limit timely access to treatment and PrEP.<sup>3</sup>

Recent studies support confidential, youth-centered services, including routine testing, self-testing options, clear PrEP education, and interventions delivered through pediatric primary care to improve awareness and access to testing and prevention services.<sup>4-6</sup>

Routine sexual health assessment and greater clinician knowledge improve HIV identification, timely linkage to treatment, nPEP initiation after a qualifying exposure, and PrEP access for patients with ongoing risk.<sup>7,8</sup> This clinical pathway provides evidence-based recommendations for HIV testing, nPEP, and PrEP.

### **Target Users**

The target users of this clinical pathway include the following healthcare professionals:

- Physicians in ambulatory care, urgent care, emergency medicine, infectious diseases, and hospital medicine settings
- Fellow physicians
- Resident physicians
- Advanced practice providers
- Registered nurses [including SANE (Sexual Assault Nurse Examiner) Program]
- Pharmacists
- Social workers

### **Target Population**

#### **HIV Testing**

##### **Inclusion Criteria**

- Concern for pregnancy with concurrent testing
- History of unprotected sexual activity
- Other concurrent sexually transmitted infection (STI)
- IV drug use
- High-risk behavior

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- Drug and alcohol use
  - Multiple partners
  - Male who has sex with males
- No previous HIV screening
- Patient/parent request
- Sexual Assault
- Tuberculosis disease
- Has a history of sexual activity with any of the following current symptoms:
  - Malaise
  - Fever
  - Sore Throat
  - Lymphadenopathy

**Exclusion Criteria**

- Pre-pubertal child – *Call SCAN provider on call*
- Concern for perinatal transmission
- Recent antiretroviral medications
- Known HIV infection

**HIV nPEP**

**Inclusion Criteria**

- Patients exposed to potentially HIV infected body fluids in the last 72 hours

**Exclusion Criteria**

- HIV or Hepatitis B-infected patient
- Impaired hepatic function
- Impaired renal function (CrCl <60 ml/m<sup>2</sup>/min)
- High risk of fractures
- Known exposure to someone with resistant HIV
- Repeated contact with same individual > 72 hours prior to presentation
- If the patient is already taking PrEP as prescribed

**HIV PrEP**

**Inclusion Criteria (Indications for HIV PrEP)**

- History of unprotected sexual activity
- Other concurrent STIs
- IV drug use
- High-risk behavior
- Drug and alcohol use
- Multiple partners
- Males who have sex with males
- Patient request
- Patients with a history of more than one nPEP course

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### **Exclusion Criteria**

- Positive HIV
- Pending or no HIV testing results within the past 7 days
- < 12 years of age
- < 35 kg
- Eligible for nPEP based on recent or new exposure to HIV infected body fluids ( $\leq 72$  hours)
- Has a history of sexual activity with any of the following current symptoms:
  - Malaise
  - Fever
  - Sore Throat
  - Lymphadenopathy

### **Practice Recommendations**

Please refer to the CDC's Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV and the CDC's Sexually Transmitted Infections and Treatment Clinical Practice Guidelines for full practice, evaluation, and treatment recommendations.<sup>8,9</sup>

### **Additional Questions Posed by the Clinical Pathway Committee**

No additional clinical questions were posed for this review.

### **Recommendations Specific for Children's Mercy**

No deviations were made from the CDC guideline regarding practice recommendations, but logistical processes specific to Children's Mercy were added. These processes are specific to referrals to specialty clinics, such as the SANE program, Infectious Diseases, and/or Adolescent Specialty Clinics. This is outlined in the algorithms and care management descriptions

### **2026 Updates from Previous Versions of the Clinical Pathway**

- Additional decision points were added in the HIV Testing algorithm to provide clarity on patient management
- Links were updated to external websites (Clinical Guidance for PrEP from the CDC, Kansas City Transitional Grant Area: Ryan White Case Management, and educational handouts)
- The Risk Assessment and Use of nPEP was updated to align with the 2025 CDC recommendations
- Educational handouts were updated to include a Spanish language version as well as English

### **Measures**

- Percent of patients  $\geq 14$  years of age who undergo HIV testing

### **Value Implications**

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

- Decreased risk of underdiagnosis

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- Decreased risk of under-treatment (i.e., correctly identify patients through standardized testing to target appropriate treatment and education)
- Decreased transmission of disease
- Decrease potential inequities in care based on gender, race, ethnicity, or sexual orientation
- Decreased unwarranted variation in care

## **Organizational Barriers and Facilitators**

### **Potential Barriers**

- Variability of acceptable level of risk among providers
- Variability in experience among clinicians
- Challenges with access to healthcare and health literacy faced by some families

### **Potential Facilitators**

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- Increase awareness and utilization of the clinical pathway

## **Bias Awareness**

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

## **Order Sets**

- AMB ID HIV

## **Educational Materials**

Educational tools developed at Children's Mercy were reviewed for health literacy.

- Healthy Sexual Behaviors
  - Intended for all patients
  - Found in the algorithms and on the clinical pathway website
  - Available in [English](#) and [Spanish](#)
- Your Test for HIV
  - Intended for all patients who have been tested for HIV
  - Provides guidance for care following HIV testing
  - Available in [English](#) and [Spanish](#)
- Hanging Out/Hooking Up pocket card
  - Intended for use in sexual and reproductive healthcare settings to promote discussions
  - Found in algorithms and on the clinical pathway website
  - Available in [English](#) and [Spanish](#)
- [Preventing HIV with PrEP](#)
  - Intended for patients who have had PrEP recommended to them by their physician
  - Found on the CDC website for PrEP
  - Provides an overview of PrEP medicine, safety, effectiveness, and additional resources.
  - Available in English and Spanish

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### Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the HIV Clinical Pathway Committee, composed of content experts at Children's Mercy.

### Clinical Pathway Representation

This clinical pathway was originally created with representation from Emergency Medicine, Infectious Diseases, Pharmacy, SANE Clinic, Social Work, Adolescent and Young Adult Medicine, and Evidence Based Practice.

### Human Immunodeficiency Virus Clinical Pathway Revision Committee Members and Representation

- Diane Petrie, FNP-BC, AAHIVS, CPN | Infectious Diseases | Committee Chair
- Alaina Burns, PharmD, BCPPS | Infectious Diseases, Pharmacy | Committee Member
- Rachel Whitfield, MSN, APRN, FNP-C | Adolescent and Young Adult Medicine Clinic | Committee Member
- Andrea Nos, MD, MHPE | Adolescent and Young Adult Medicine Clinic | Committee Member
- Gladesia Tolbert, DNP, CPNP, PMHS | General Academic Pediatrics | Committee Member

#### Pathway Reviewers

- Anik Patel, MD, FAAP | Pediatric Emergency Medicine
- Jami Cronin, PNP-BC, MBA, RN, CCRC, CPN | Pediatric Emergency Medicine

#### EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice
- Jarrod Dusin, PhD, RD, CPHQ | Evidence Based Practice
- Andrea Melanson, OTD, OTR/L | Evidence Based Practice

### Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Infectious Diseases, Pharmacy, Adolescent and Young Adult Medicine, Emergency Medicine, SANE Clinic, SCAN Clinic, and Evidence Based Practice.

### Conflict of Interest

The contributors to the XXXX Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed. For committee members identified, the conflicts of interest are as follows:

### Approval Process

- This pathway was reviewed and approved by the EBP Department and the HIV Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments. It was then approved by the Medical Executive Committee.

### Review Requested

| Department/Unit                            | Date           |
|--------------------------------------------|----------------|
| Infectious Diseases                        | September 2026 |
| Pharmacy                                   | September 2026 |
| Emergency Medicine                         | September 2026 |
| Adolescent and Young Adult Medicine Clinic | September 2026 |

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|                             |                |
|-----------------------------|----------------|
| General Academic Pediatrics | September 2026 |
| Evidence Based Practice     | September 2026 |

### Version History

| Date           |                | Comments                                                                                                                                             |
|----------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| March 2018     | Version one:   | Developed algorithms                                                                                                                                 |
| July 2019      | Version two:   | Revised algorithms and added synopsis to incorporate CDC recommendations                                                                             |
| February 2023  | Version three: | Revised to incorporate updates to medications and education from the 2021 CDC guidelines                                                             |
| September 2026 | Version four:  | Updated algorithms and synopsis to reflect new guidance for HIV. Handouts added, as well as a link to the new Human Sex Trafficking Clinical Pathway |

### Date for Next Review

- September 2030

### Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:
  - Announcements made to relevant departments
  - Additional institution-wide announcements were made via the hospital website and relevant huddles
  - Community clinics affiliated with CM received announcements via "Progress Notes"
- Order sets consistent with recommendations were created or updated for each care setting
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.
- Pathways are reviewed every 4 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

### Disclaimer

When evidence is lacking or inconclusive, care options are provided in the supporting documents and in the order set(s) and/or order panel(s) that accompany the clinical pathway.

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