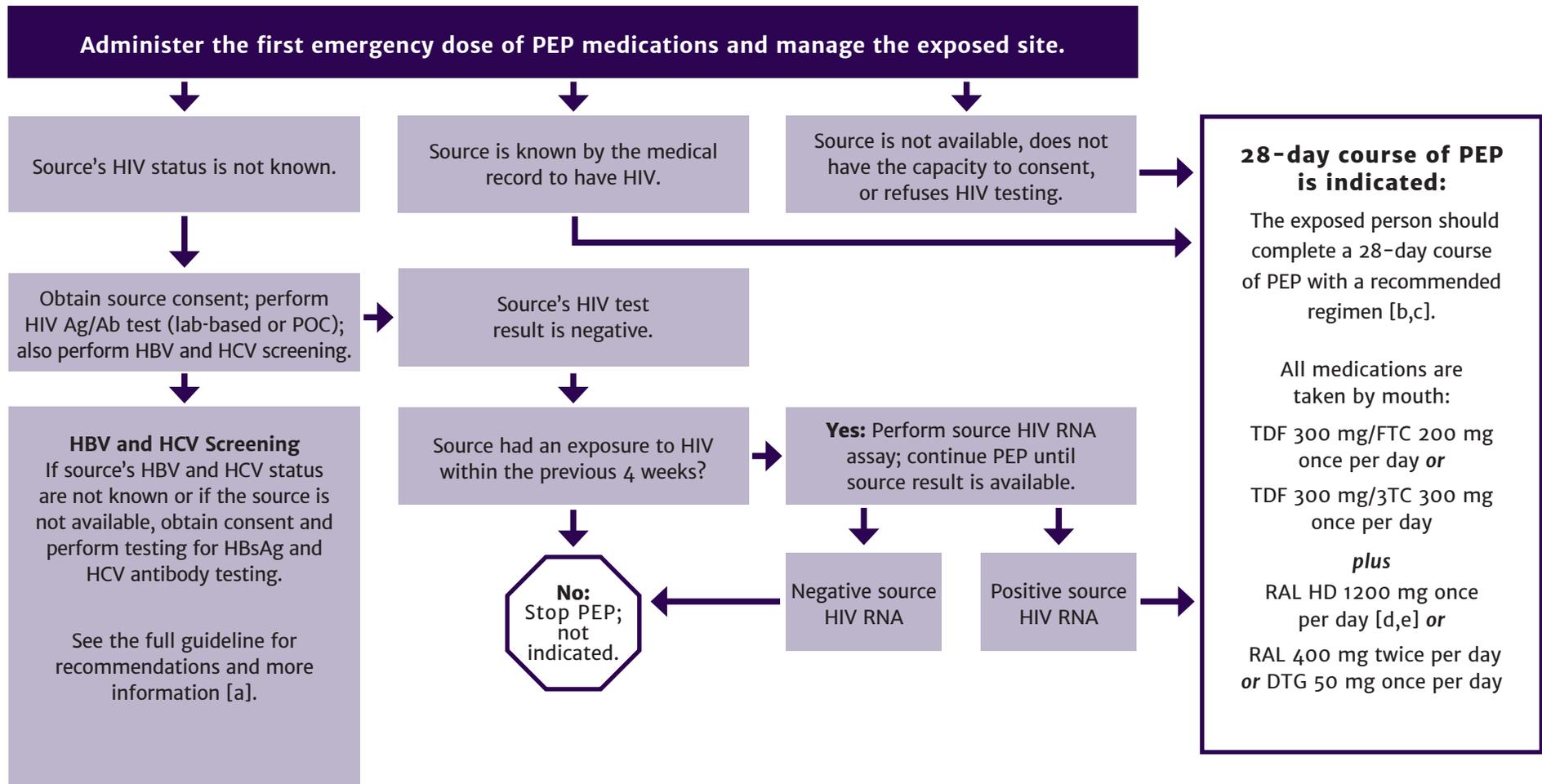




## FIGURE 2: Occupational HIV Exposure: PEP and Exposure Management When Reported Within 72 Hours

See also: Management of Potential Exposure to Hepatitis B Virus and Management of Potential Exposure to Hepatitis C Virus in the full guideline.



**Abbreviation key:** Ag/Ab, antigen/antibody; CrCl, creatinine clearance; HBV, hepatitis B virus; HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus; PEP, post-exposure prophylaxis; POC, point-of-care.

**Drug name abbreviations (brand name):** 3TC, lamivudine (Epivir); DTG, dolutegravir (Tivicay); FTC, emtricitabine (Emtriva); RAL, raltegravir (Isentress); TDF, tenofovir disoproxil fumarate (Viread); TDF/FTC (Truvada).

**Notes:**

- a. For HBV and HCV post-exposure management, see guideline sections Management of Potential Exposure to Hepatitis B Virus and Management of Potential Exposure to Hepatitis C Virus.
- b. See Tables 2 and 3 for preferred and alternative PEP regimens.
- c. Do not use fixed-dose combination tablet for patients who require dose adjustment for renal failure. Adjust dose of TDF/FTC or TDF/3TC for patients with CrCl <50 mL/min (see NYSDOH AI guideline Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment).
- d. RAL HD may be prescribed for patients who weight >40 kg.
- e. RAL HD should not be prescribed for pregnant individuals.

