## FIGURE 3: Non-Occupational HIV Exposure: PEP and Exposure Management When Reported Within 72 Hours

*Note: Regimens listed below are for individuals who weigh ≥40 kg; see Table 4 for PEP regimens for individuals who weigh <40 kg.*

### STEP 1: Administer the first emergency dose of PEP and manage the exposed site.

### STEP 2: Determine if ongoing PEP is required.

**PEP is indicated within 72 hours of high-and higher-risk exposures:**

- Receptive or insertive anal or vaginal intercourse with an individual of unknown or positive HIV status.
- Needle sharing with an individual of unknown or positive HIV status.
- High-risk exposure to a source with documented HIV (i.e., in the source's medical record) or through HIV testing if the source is available.
- Mucosal contact through a sexual exposure: vaginal-penile, anal-penile, or oral-penile contact, with or without physical injury, tissue damage, or the presence of blood at the site of the exposure.
- Broken skin or mucous membranes in the exposed individual that have been in contact with the blood, semen, or vaginal fluids of the source.
- Source with broken skin or mucous membranes that have been in contact with the blood, semen, or vaginal fluids of the exposed individual.
- Receptive or insertive oral-vaginal or oral-anal contact and/or receptive or insertive penile-oral contact, with or without ejaculation, in the presence of any of the following risk-enhancing factors: 1) Source with a high HIV viral load; 2) Source or exposed individual with oral lesions; 3) Frank blood exposure.
- Source or exposed individual has genital ulcer disease or other STIs.
- An injury (e.g., bite, accident, stick with a hollow-bore needle) that results in exposure to blood or other potentially infectious fluids from an individual of unknown or positive HIV status.

### Next steps if ongoing PEP IS required:

#### STEP 3: Initiate 28-Day PEP with a preferred or alternative PEP regimen [1,2,3].

**Preferred regimen (≥40 kg):**
TDF 300 mg/FTC 200 mg [4,5] once per day ***or***
TDF 300 mg/3TC 300 mg [4,5] once per day
**PLUS**
RAL HD 1200 mg once per day [6,7] ***or***
RAL 400 mg twice per day ***or***
DTG 50 mg once per day

**Notes:**

1. All medications are taken by mouth.
2. See Table 3 for alternative PEP regimens for individuals who weigh ≥40 kg.
3. See Table 4 for PEP regimens for individuals who weigh <40 kg.
4. Do not use fixed-dose combination medications for patients who require dose adjustment for renal failure.
5. Adjust dose [a] of TDF/FTC or TDF/3TC for patients with CrCl <50 mL/min.
6. RAL HD may be prescribed for patients who weigh >40 kg.
7. RAL HD should not be prescribed for pregnant patients.

#### STEP 4: Perform baseline testing.

**Exposed individual:**

- HIV test: Ag/Ab combination immunoassay.
- HBV and HCV screening [b].
- Pregnancy test if individual is of childbearing capacity; offer emergency contraception if indicated.
- Liver and renal function tests.

**Consensual sexual exposures:**

CT/GC NAAT, based on site of exposure; syphilis screening; trichomoniasis screening if symptoms are present.

**Available source who consents:**

- Rapid Ag/Ab combination immunoassay HIV test (result <1 hour).
- Negative result, but exposure to HIV may have occurred within previous 4 weeks: Obtain plasma HIV RNA assay.
- Definitive negative result: Discontinue PEP.
- Definitive positive result: Continue PEP.

#### STEP 5: Perform follow-up care.

- **Contact the exposed individual within 48 hours:** Provide in-person or telephone contact to assess medication tolerance and assist with adverse effect management, as indicated.
- Arrange for serial HIV test at weeks 4 and 12 post exposure.
- Repeat STI testing, if indicated.
- Ongoing adherence support, assessment of regimen tolerability, and adverse effect management, as indicated.
- Referral for HBV and/or HCV treatment, if indicated.
- Referral for substance use or mental health treatment, if indicated.
- Risk-reduction counseling and education, including referral for PrEP; see NYSDOH AI guideline PrEP to Prevent HIV and Promote Sexual Health.

### Ongoing PEP is not required if:

**PEP is not indicated for negligible or lower-risk exposures:**

- Oral-oral contact (e.g., kissing, mouth-to-mouth resuscitation) if there is no mucosal damage in the source or exposed individual.
- Human bite if no blood is drawn.
- Mutual masturbation with intact skin and with no blood exposure.
- Needlestick with solid-bore needle or another sharp not in recent contact with blood.
- Receptive or insertive oral-vaginal, oral-anal, or penile-oral contact, with or without ejaculation, if no risk-enhancing factors (see above) are present.

### Next steps if ongoing PEP is *not* required:

#### STEP 3: Perform baseline testing.

**Exposed individual:**

- Offer HIV test.
- Offer STI testing following sexual exposure.

#### STEP 4: Perform risk-reduction counseling.

- Provide counseling and education about risk-reduction actions and resources, including evaluation or referral for PrEP; see the NYSDOH AI guideline PrEP to Prevent HIV and Promote Sexual Health.

#### STEP 5: Perform follow-up care.

- Offer follow-up STI testing, if indicated.

**Abbreviations:** Ag/Ab, antigen/antibody; CrCl, creatinine clearance; CT/GC NAAT, chlamydia/gonorrhea nucleic acid amplification testing; HBV, hepatitis B virus; HCV, hepatitis C virus; PEP, post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection.

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

**Notes:** a. Do not use fixed-dose combination tablet if dose adjustment for renal failure is required. 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).

b. 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.