

**Table 1: Baseline Testing of Exposed Individuals [a]**

Test [b]	Exposure Type
HIV-1/2 antigen/antibody combination immunoassay (HIV RNA testing may be required in some cases [c])	All exposures
Serum liver enzymes, blood urea nitrogen, creatinine	All exposures
Complete blood count (if zidovudine is part of the regimen)	All exposures
Pregnancy (individuals of childbearing capacity)	All exposures
Hepatitis B serology panel (surface antigen, surface antibody)	All exposures
HCV antibody (HCV RNA testing may be required in some cases [d])	All exposures
Rapid plasma reagin	Sexual exposure [e]
Gonorrhea/chlamydia NAAT, by site	Sexual exposure [e]
Trichomoniasis NAAT	Sexual exposure [e]

**Abbreviations:** HCV, hepatitis C virus; NAAT, nucleic acid amplification test.

**Notes:**

- a. For individuals who have been sexually assaulted, all baseline testing should be offered, not presented as mandatory or required, to avoid additional trauma.
- b. In cases of nonsexual exposure, the medical record should be checked for history of tetanus vaccination.
- c. See guideline section [Sequential HIV Testing and Laboratory Monitoring](#).
- d. See guideline section [Management of Potential Exposure to Hepatitis C Virus](#).
- e. For children ages 2 to 12 years with sexual exposure, perform baseline gonorrhea, chlamydia, and trichomoniasis testing and provide empiric treatment. For adults who have been sexually assaulted, *do not* perform baseline gonorrhea, chlamydia, trichomoniasis, and syphilis testing because this information can be used to bias a jury [NYSDOH 2024]; provide empiric gonorrhea, chlamydia, and trichomoniasis treatment to these patients.

**References**

NYSDOH. Sexual assault forensic examiner (SAFE) program. 2024 Sep. <https://www.health.ny.gov/professionals/safe/> [accessed 2024 Sep 12]