FIGURE 1. Steps for Evaluating and Managing a Non-Occupational Exposure

**STEP 1:** Evaluation of exposure: *Is nPEP indicated?*

**LOWER-RISK EXPOSURES:**
- Oral-vaginal contact (receptive and insertive)
- Oral-anal contact (receptive and insertive)
- Receptive penile-oral contact with or without ejaculation
- Insertive penile-oral contact with or without ejaculation

*See text for factors that may increase risk. If PEP is indicated, go to Step 2.*

**HIGHER-RISK EXPOSURES:**
- Receptive and insertive vaginal or anal intercourse with HIV+ or unknown source
- Needle sharing with HIV+ or unknown source
- Injuries with exposure to blood or other potentially infected fluids from HIV+ or unknown source (including needlesticks with a hollow-bore needle, human bites, accidents)

**EXPOSURES THAT DO NOT WARRANT nPEP:**
- Oral-to-oral contact without mucosal damage (kissing or mouth-to-mouth resuscitation)
- Human bites not involving blood
- Exposure to solid-bore needles or sharps not in recent contact with blood
- Mutual masturbation without skin breakdown or blood exposure

*Provide risk-reduction counseling and offer HIV test.*

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**STEP 2:** Is patient presenting within 36 hours?

YES*

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**STEP 3:** Initiate first dose of nPEP regimen

**28-DAY REGIMEN — Recommended PEP Regimen**

- Tenofovir 300 mg PO qd + Emtricitabine* 200 mg PO qd
- **PLUS**
  - Raltegravir* 400 mg PO bid or Dolutegravir* 50 mg PO qd

*See text for alternative regimens*

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**STEP 4:** Baseline testing

**BASELINE TESTING OF EXPOSED PERSON:**
- HIV test*
- Pregnancy test for women
- GC/CT NAAT (based on site of exposure)
- RPR for syphilis

* nPEP should not be continued in those who decline baseline HIV testing

See Section IX for hepatitis B and C post-exposure management.

**SOURCE TESTING, if source is available:**
- Obtain consent for HIV testing
- Obtain HIV test with turnaround time <1 hour
- If the test results are not immediately available, continue exposed person's nPEP while awaiting results
- If the source person's HIV screening test result is negative but there may have been exposure to HIV in the previous 6 weeks, obtain plasma HIV RNA assay
- Continue exposed person's nPEP until results of the plasma HIV RNA assay are available

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**STEP 5:** Provide risk-reduction counseling

- Provide risk-reduction and primary prevention counseling
- Refer for mental health and/or substance use programs when indicated; consider need for intensive risk-reduction counseling services
- Discuss future use of PrEP with persons with ongoing risk behavior (see Appendix C for AI-funded referral sources)

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* Decisions to initiate nPEP beyond 36 hours post-exposure should be individualized, with the realization of diminished efficacy when timing of initiation is prolonged; assess for hepatitis B and C; recommend serial HIV testing at 0, 4, and 12 weeks; provide risk-reduction counseling.

* If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen. Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing. When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.

* See Appendix A for dosing recommendations in patients with renal impairment.

* Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).

* See Appendix A for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.