



I MIGHT HAVE BEEN EXPOSED TO HIV... WHAT SHOULD I DO?

Exposure to HIV is a
Medical Emergency.
You may be able to stop
the infection by taking PEP.

NEW YORK STATE DEPARTMENT OF HEALTH
AND THE NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE



WHAT IS PEP?

PEP (post-exposure prophylaxis) is medicine that you can take if you are HIV-negative and you believe you have just been exposed to HIV. If you take PEP as directed, it can stop the HIV virus from infecting your body.

Do not delay. You need to take PEP as soon as possible after the exposure.



Save this information to your mobile device in case of emergency.

www.hivguidelines.org/what-is-peg



What should I do if I think I might have been exposed to HIV?

PEP needs to be taken as soon as possible after you have been exposed, ideally within 2 hours. The sooner PEP is taken, the more likely it is to stop HIV infection. PEP is less likely to work when taken more than 36 hours (a day and a half) after the exposure. If this happens, your doctor will talk to you about whether PEP is right for you.

If you answer “Yes” to any of the following questions, **GO to a hospital emergency department right away.** Take this information with you if you have it. **Or, if you can talk to your primary care provider right away, call as soon as possible.**

- Are you a victim of rape or sexual assault?
- Did you have unprotected sex (vaginal or anal) with someone who you know is HIV positive or someone whose HIV status you don't know? (*Unprotected* means that a condom was not used, or that the condom broke or slipped off during sex.)
- Did you share needles (for drugs, hormones, or tattoos) or other drug injection equipment with someone who you either know is HIV positive or whose HIV status you don't know?
- Did you have unprotected oral sex with someone who you know is HIV positive or someone whose HIV status you don't know? (You are less likely to get HIV from oral sex. Your provider will ask you questions and help you figure out if PEP is right for you.)

If you think that you were exposed to HIV while at work, tell your supervisor right away (for example, you were stuck by a needle in a healthcare setting).



What can I expect when I ask about PEP?

- You will be **asked questions about your exposure** to HIV. Your answers will help you and your provider figure out whether PEP will help you. Some exposures are very low risk and may not need PEP.
- **You will get an HIV test.** You have to agree to testing (give consent) before you can be tested. The HIV test is important. The treatment plan will be different if you already have HIV infection. If you do not agree to HIV testing, you may not be able to get PEP.
- **If the person you were exposed to is with you or can be reached,** the provider will offer him or her an HIV test also. If that person is tested and does not have HIV, it may mean that you do not need PEP or can stop taking PEP.
- You may also be tested for other infections called **sexually transmitted infections (STIs)** and **hepatitis B and C.**
- You may be given **vaccines** against other diseases, such as hepatitis B or meningococcal disease.
- If you are a woman, you may get a **pregnancy test.** Your provider may discuss whether or not you need or want to stop pregnancy with birth control called **emergency contraception.**
- You will be told how to lower your risk and **avoid HIV exposures in the future.** Make sure to use a condom every time you have sex.



How do I take PEP?

- If needed, PEP will be prescribed to you by your provider. In the emergency department, you will get your first dose along with a few days' supply. This will give you time to fill your prescription for the rest. Go to www.hivguidelines.org to see specific drugs that may be used in a PEP regimen.
- PEP is *not* a “morning-after pill.” You must take it for 28 days. **Do not skip doses.** Try to take the pills close to the same time every day.
- PEP may not work the right way with other medicines you are taking. Before you start taking PEP, tell your provider about all the other medicines you take. Also tell your provider about over-the-counter drugs, herbals, or vitamins.
- **Do not stop taking PEP.** Stop only if your provider tells you it is safe to do so. You must complete the full course of PEP to have the best chance of stopping HIV infection.

Does PEP have side effects?

Yes. PEP may give you some side effects, but most of the time, they are mild. Common side effects include upset stomach, tiredness, diarrhea, and headaches.

Tell your provider right away if the side effects are so bad that you cannot handle them. Do not stop taking PEP before talking to your provider. There may be ways to help you feel better.

In most cases, even people who have side effects on PEP decide to keep taking it because they want to do everything they can to avoid getting HIV (which would mean having to take HIV medicine for the rest of their life).

How much does PEP cost and how will I pay for it?

PEP is covered by Medicaid and some private insurance plans. You may be able to get help with the cost of co-pays if you cannot pay for them. If you need help, or if you do not have insurance, ask your provider about patient assistance programs. In NYC, you can visit www.nyc.gov/html/doh to find out about some health programs that provide PEP for uninsured persons with appropriate exposures.

If you are the victim of a sexual assault, call 1-800-247-8035, or go to www.ovs.ny.gov for more information.

Will I have to go to follow-up appointments after I start taking PEP?

Yes. Your provider will arrange to see you within 3 days after you begin taking PEP. At this visit, the provider will ask if you have any questions, and will talk with you about any problems you are having taking PEP. Your provider will be in touch with you weekly, either in person or by phone, to check in and see how you are doing. Let your provider know if you have a fever, body aches, or rash.

The provider will also talk about how you can protect yourself and others while you are taking PEP and after. During the 12-week period after your exposure, try to protect others from possible exposure to HIV by doing the following:

- Use condoms every time you have sex
- Use birth control to avoid becoming pregnant
- Do not breastfeed
- Do not share needles
- Do not donate blood or semen

Can I take PEP if I am pregnant?

Yes. If you are pregnant, you can still take PEP. Your provider will discuss the benefits and risks to you and your baby.

You should stop breastfeeding for 3 months after the exposure. Ask your provider about pumping and discarding breast milk if you want to go back to breastfeeding after the 3-month period.

What happens after I finish taking PEP?

You will get an HIV test when you are finished taking PEP. You will get one more HIV test 2 months later – if both tests are negative, you did not become infected with HIV.

Discuss with your provider how you can protect yourself in the future. Your provider can hook you up to services that can help you lower your risk of HIV infection. Today there are many tools to help you stay HIV-free. Use of condoms is still very important. You may also need counseling or clean syringes if you use drugs and are having trouble stopping. In some cases, a daily pill called pre-exposure prophylaxis, or PrEP, may be right for you. PrEP has been shown to protect some people who are at high risk for getting HIV.

FOR MORE INFORMATION

New York State HIV/AIDS hotlines (toll-free)

English 1-800-541-AIDS (1-800-541-2437),
Spanish 1-800-233-SIDA (1-800-233-7432), TDD 1-800-369-2437
Voice callers can call the New York Relay System at 711 or 1-800-421-1220 and ask the operator to dial 1-800-541-2437

New York State HIV/AIDS Counseling Hotline 1-800-872-2777

New York State Coalition Against Sexual Assault 1-800-942-6906

Expanded Syringe Access Program (ESAP) English 1-800-541-2437;
Spanish 1-800-233-7432

For information about HIV/AIDS in New York City Call 311

**NYC Department of Health and Mental Hygiene—
HIV/AIDS Information** www.nyc.gov/html/doh, Search ‘HIV/AIDS’

NYC Lifenet 1-800-LIFENET (1-800-543-3638)

**HIV Clinical Guidelines on HIV Non-Occupational Post Exposure
Prophylaxis** www.hivguidelines.org/nPEP-guidelines/

AIDS Institute Funded NYS HIV Prevention Counseling Programs
www.hivguidelines.org/prevention-programs/

DEFINITIONS OF TERMS USED IN THIS BROCHURE

Co-pay: Short for “co-payment.” This term is used when your insurance pays for part of your medical care, and you pay for the rest. The amount you are responsible for paying is your co-pay.

Emergency contraception: Birth control that is taken *after* sex to try to stop pregnancy, most often in the form of a pill known as the “morning-after pill.”

Needle exchange: A program where injection drug users can turn in their used syringes and get new clean syringes.

Prophylaxis: Treatment to stop a disease, in this case a drug to stop HIV infection.

Sexual assault: Any sexual act in which a person is threatened or forced to participate against his/her will.

IF YOU HAVE BEEN RAPED OR SEXUALLY ASSAULTED...

Go to a hospital emergency room right away. At the emergency room, hospital staff will examine you for exposure to HIV or other infections. Women may get emergency birth control to stop pregnancy. Call the New York State Coalition Against Sexual Assault at 1-800-942-6906 if you have questions. All of the information in this brochure may not apply to you. For information on PEP after sexual assault, see the patient brochure, *Information for Survivors of Sexual Assault*: www.health.ny.gov/publications/9598.pdf

