FIGURE 1. PEP Following Occupational Exposure

- Offer exposed worker first dose of PEP while evaluation of exposure is underway.
- Source patient KNOWN TO BE HIV-INFECTED by medical record
- Source patient HIV STATUS UNKNOWN

Obtain consent for rapid HIV testing of source patient

Source tests NEGATIVE
- Has the source patient been at risk for HIV exposure in previous 6 weeks?*
  - YES
  - Obtain HIV RNA assay from source patient; continue PEP until results are available.

Source tests POSITIVE
- Source patient does not have capacity to consent
- Source patient refuses HIV testing

STOP PEP. PEP not indicated.

HIV RNA POSITIVE

STOP PEP

COMPLETE 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

- Perform baseline confidential HIV testing of the exposed worker and refer to experienced clinician within 3 days of initiating PEP.
- See text for alternative regimens.

* Depending on the test used, the window period may be shorter than 6 weeks. Clinicians should contact appropriate laboratory authorities to determine the window period for the test that is being used.

* 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.