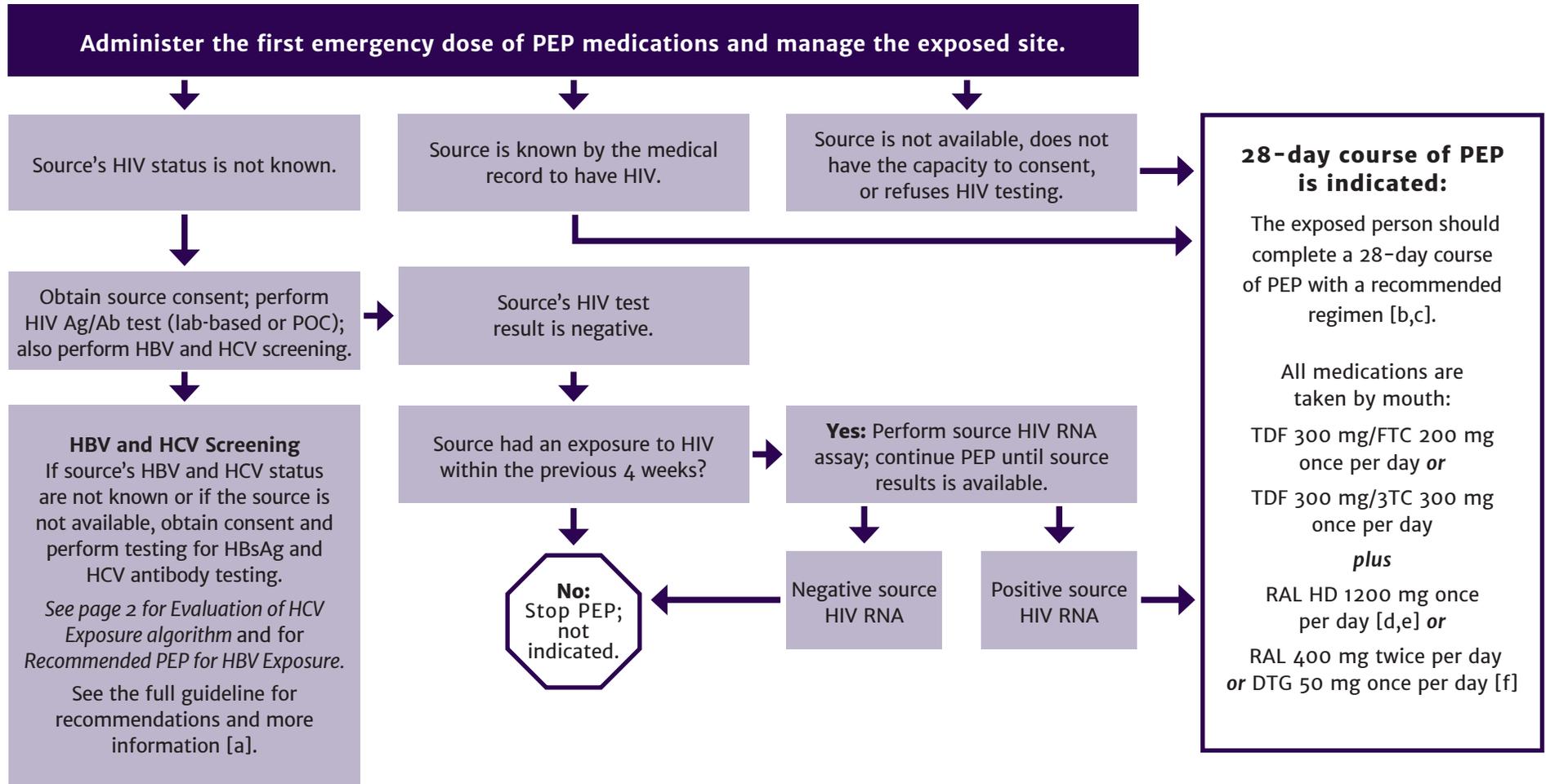


FIGURE 2: Occupational HIV Exposure: Post-Exposure Prophylaxis and Exposure Management When Reported Within 72 Hours
 See also: *Management of Potential Exposure to Hepatitis B Virus* and *Management of Potential Exposure to Hepatitis C Virus* in the full guideline.



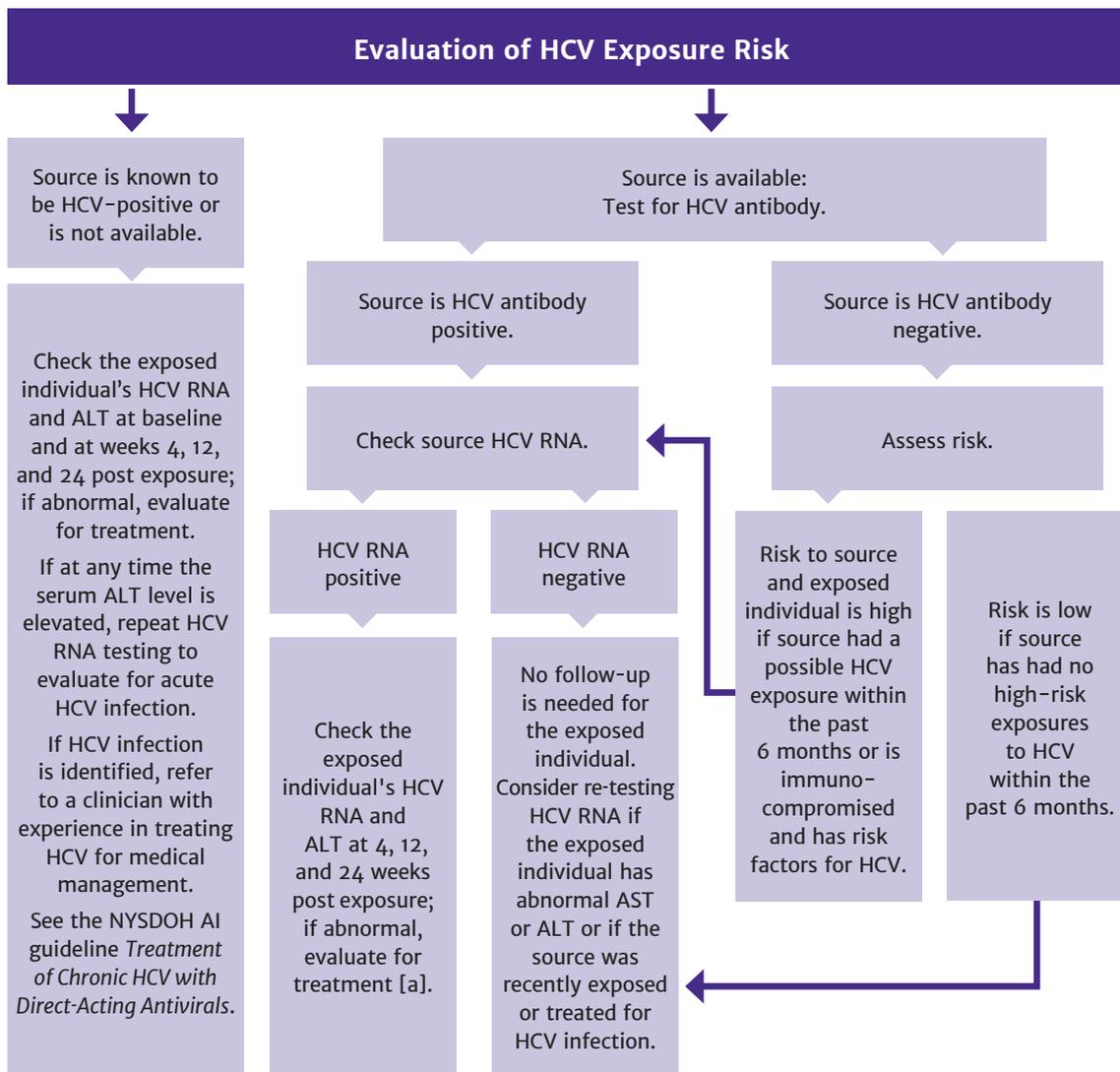
Abbreviation key: Ag/Ab, antigen/antibody; CrCl, creatinine clearance; HBV, hepatitis B virus; HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus; PEP, post-exposure prophylaxis; POC, point-of-care.

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

Notes:

- a. See *Management of Potential Exposure to Hepatitis B Virus* and *Management of Potential Exposure to Hepatitis C virus*.
- b. See *Table 2* for preferred PEP regimen and *Table 3* for alternative regimens.
- c. Do not use fixed-dose combination tablet for patients who require dose adjustment for renal failure. Adjust dose of TDF/FTC or TDF/3TC for patients with CrCl < 50 mL/min. See NYSDOH AI guideline *Recommended Dose Adjustments for Use of Selected Fixed-Dose Combination ARVs in Patients with Hepatic or Renal Impairment*.
- d. RAL HD may be prescribed for patients who weight > 40kg.
- e. RAL HD should not be prescribed for pregnant individuals.
- f. See *Use of Dolutegravir in Individuals of Childbearing Capacity*.

FIGURE 5: Evaluation of Hepatitis C Virus Exposure Risk and Recommended Follow-Up



Recommended PEP for HBV Exposure			
Exposed Individual Vaccination Status	Indicated Treatment for Exposed Individual:		
	Source HBV Status		
	HBsAg Positive	HBsAg Negative or Not Available	Not Available; Known High-Risk [b]
Unvaccinated/non-immune	<ul style="list-style-type: none"> Administer HBIG 0.06 mL/kg IM. Initiate HBV vaccine series. 	Initiate HBV vaccine series.	Treat as if source is HBsAg-positive.
Previously vaccinated with completed HBV series; known responder [c]	No treatment.		
Previously vaccinated with completed HBV series; known non-responder [c]	<ul style="list-style-type: none"> Administer HBIG 0.06 mL/kg IM. Initiate re-vaccination [d] or administer second dose of HBIG 1 month later. 	No treatment.	Treat as if source is HBsAg-positive.
Previously vaccinated with completed HBV series; unknown anti-body response	<ul style="list-style-type: none"> Administer single dose of vaccine. Check titer. If low, complete 3-dose vaccine series. 	No treatment.	Treat as if source is HBsAg-positive.
Undergoing vaccination at time of exposure	<ul style="list-style-type: none"> Administer HBIG 0.06 mL/kg IM. Complete 3-dose vaccine series. 	Complete vaccine series.	

Abbreviations key: ALT, alanine aminotransferase; anti-HBs, hepatitis B surface antibody; AST, aspartate aminotransferase; HBIG, hepatitis B immune globulin; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; HCV, hepatitis C virus; IM, intramuscular; PEP, post-exposure prophylaxis.

Notes:

- Individuals who have previously been infected with HBV with HBsAg positivity are immune to re-infection and do not require post-exposure prophylaxis.
- Individuals at high risk are those who engage in needle sharing or high-risk sexual behaviors or were born in geographic areas with HBsAg prevalence of >2% [Weinbaum, et al. 2008].
- Based on information available at presentation. Responder is defined as an individual with previously documented adequate levels of serum antibody to HBsAg (serum anti-HBs >10 mIU/mL); a nonresponder is an individual with previously documented inadequate response to vaccination (serum anti-HBs <10 mIU/mL). The decision to vaccinate should not be delayed while testing for anti-HBs at presentation.
- The option of giving 1 dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second vaccine series. For individuals who previously completed a second vaccine series but failed to respond, 2 doses of HBIG are preferred, given 1 month apart.