28-day course of PEP is indicated:
The exposed person should complete a 28-day course of PEP with a recommended regimen [b,c].

All medications are taken by mouth:
- TDF 300 mg/FTC 200 mg once per day or
- TDF 300 mg/3TC 300 mg once per day
  plus
- RAL HD 1200 mg once per day [d,e] or
- RAL 400 mg twice per day or
- DTG 50 mg once per day [f]

HBV and HCV Screening
If source’s HBV and HCV status are not known or if the source is not available, obtain consent and perform testing for HBsAg and HCV antibody testing.

See page 2 for Evaluation of HCV Exposure algorithm and for Recommended PEP for HBV Exposure.

See the full guideline for recommendations and more information [a].
FIGURE 5: Evaluation of Hepatitis C Virus Exposure Risk and Recommended Follow-Up

### Evaluation of HCV Exposure Risk

- **Source is known to be HCV-positive or is not available.**
  - Check the exposed individual’s HCV RNA and ALT at baseline and at weeks 4, 12, and 24 post exposure; if abnormal, evaluate for treatment.
  - If at any time the serum ALT level is elevated, repeat HCV RNA testing to evaluate for acute HCV infection.
  - If HCV infection is identified, refer to a clinician with experience in treating HCV for medical management.
  - See the NYSDOH AI guideline Treatment of Chronic HCV with Direct-Acting Antivirals.

- **Source is available:** Test for HCV antibody.
  - If positive, evaluate for acute infection.
  - If negative, check for previous exposure by testing for HCV RNA.

#### HCV RNA positive
- Risk to source and exposed individual is high if source had a possible HCV exposure within the past 6 months or is immuno-compromised and has risk factors for HCV.
- Risk is low if source has had no high-risk exposures to HCV within the past 6 months.

#### HCV RNA negative
- No follow-up is needed for the exposed individual.
  - Consider re-testing HCV RNA if the exposed individual has abnormal AST or ALT or if the source was recently exposed or treated for HCV infection.

### Recommended PEP for HBV Exposure

<table>
<thead>
<tr>
<th>Exposed Individual Vaccination Status</th>
<th>HBsAg</th>
<th>Not Available; Known High-Risk [b]</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg Positive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBsAg Negative or Not Available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source HBsAg Status</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source is known to be non-immune</th>
<th>Administer HBIG 0.06 mL/kg IM</th>
<th>Initiate HBV vaccine series</th>
<th>Treat as if source is HBsAg-positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source is HBsAg-negative or not available</td>
<td>Initiate HBV vaccine series.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source HBsAg positive</th>
<th>Administer HBIG 0.06 mL/kg IM</th>
<th>Initiate HBV vaccine series.</th>
<th>Treat as if source is HBsAg-positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source HBsAg-negative or not available</td>
<td>Initiate HBV vaccine series.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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:
- a. Individuals who have previously been infected with HBV with HBsAg positivity are immune to re-infection and do not require post-exposure prophylaxis.
- b. 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].
- c. 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.
- d. 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.