FIGURE 3: Non-Occupational HIV Exposure: Post–Exposure Prophylaxis and Exposure Management When Reported Within 72 Hours

Note: Regimens listed below are for individuals who weigh ≥40 kg; see Table 4 for PEP regimens for individuals who weigh <40 kg.

**STEP 1:** Administer the first emergency dose of PEP and manage the exposed site.

**STEP 2:** Determine if ongoing PEP is required.

**PEP is indicated within 72 hours of high- and higher-risk exposures:**
- Receptive or insertive anal or vaginal intercourse with an individual of unknown or positive HIV status.
- Needle sharing with an individual of unknown or positive HIV status.
- High-risk exposure to a source with documented HIV (i.e., in the source’s medical record) or through HIV testing if the source is available.
- Mucosal contact through a sexual exposure: vaginal–penile, anal–penile, or oral–penile contact, with or without physical injury, tissue damage, or the presence of blood at the site of the exposure.
- Broken skin or mucous membranes in the exposed individual that have been in contact with the blood, semen, or vaginal fluids of the source.
- Source with broken skin or mucous membranes that have been in contact with the blood, semen, or vaginal fluids of the exposed individual.
- Receptive or insertive oral–vaginal or oral–anal contact and/or receptive or insertive penile–oral contact, with or without ejaculation, in the presence of any of the following risk-enhancing factors: 1) Source with a high HIV viral load; 2) Source or exposed individual with oral lesions; 3) Frank blood exposure.
- Source or exposed individual has genital ulcer disease or other STIs.
- An injury (e.g., bite, accident, stick with a hollow–bore needle) that results in exposure to blood or other potentially infectious fluids from an individual of unknown or positive HIV status.

**Ongoing PEP is not required if:**
- Oral–oral contact (e.g., kissing, mouth–to–mouth resuscitation) if there is no mucosal damage in the source or exposed individual.
- Human bite if no blood is drawn.
- Mutual masturbation with intact skin and with no blood exposure.
- Needlestick with solid–bore needle or another sharp not in recent contact with blood.
- Receptive or insertive oral–vaginal, oral–anal, or penile–oral contact, with or without ejaculation, if no risk–enhancing factors (see above) are present.

**STEP 3:** Initiate 28–Day PEP with a preferred or alternative PEP regimen [1,2,3].

**Preferred regimen (≥40 kg):**
- TDF 300 mg/FTC 200 mg [4,5] once per day or TDF 300 mg/3TC 300 mg [4,5] once per day
- RAL 1200 mg once per day [6,7] or RAL 400 mg twice per day or DTG 50 mg once per day

**Notes:**
1. All medications are taken by mouth.
2. See Table 3 for alternative PEP regimens for individuals weighing ≥40 kg.
3. See Table 4 for PEP regimens for individuals who weigh <40 kg.
4. Do not use fixed–dose combination medications for patients who require dose adjustment for renal failure.
5. Adjust dose [a] of TDF/FTC or TDF/3TC for patients with CrCl <50 mL/min.
6. RAL HD may be prescribed for patients who weigh >60 kg.
7. RAL HD should not be prescribed for pregnant patients.

**STEP 4:** Perform baseline testing.

**Exposed individual:**
- HIV test: 4th–generation Ag/Ab.
- HBV and HCV screening [b].
- Pregnancy test if individual is of childbearing capacity; offer emergency contraception if indicated.
- Liver and renal function tests.

**Consensual sexual exposures:**
- CT/GC NAAT, based on site of exposure; syphilis screening; trichomoniasis screening if symptoms are present.

**Available source who consents:**
- Rapid Ag/Ab HIV test (result <1 hour).
- Negative result, but exposure to HIV may have occurred within previous 4 weeks: Obtain plasma HIV RNA assay.
- Definitive negative result: Discontinue PEP.
- Definitive positive result: Continue PEP.

**Next steps if ongoing PEP is not required:**

**STEP 3:** Perform baseline testing.

**Exposed individual:**
- Offer HIV test.
- Offer STI testing following sexual exposure.

**STEP 4:** Perform risk–reduction counseling.

- Provide counseling and education about risk–reduction actions and resources, including evaluation or referral for PEP; see the NYSODH AI guideline PreP to Prevent HIV and Promote Sexual Health.

**STEP 5:** Perform follow–up care.

- Offer follow–up STI testing, if indicated.

**Next steps if ongoing PEP IS required:**

**STEP 5:** Perform follow–up care.

- Contact the exposed individual within 48 hours: Provide in–person or telephone contact to assess medication tolerance and assist with adverse effect management, as indicated.
- Arrange for serial HIV test at weeks 4 and 12 post exposure.
- Repeat STI testing, if indicated.
- Ongoing adherence support, assessment of regimen tolerability, and adverse effect management, as indicated.
- Referral for HIV and/or HCV treatment, if indicated.
- Referral for substance use or mental health treatment, if indicated.
- Risk–reduction counseling and education, including referral for PreP; see NYSODH AI guideline PreP to Prevent HIV and Promote Sexual Health.

**Abbreviations:** Ag/Ab, antigen/antibody; CrCl, creatinine clearance; CT/GC NAAT, chlamydia/gonorrhea nucleic acid amplification testing; HBV, hepatitis B virus; HCV, hepatitis C virus; PEP, post–exposure prophylaxis; PreP, pre–exposure prophylaxis; STI, sexually transmitted infection;

**Drug name abbreviations (brand name):**
- DTG, dolutegravir (Tivicay);
- RAL, raltegravir (Vmaximum);
- TDF/FTC, tenofovir disoproxil fumarate/Emivudine (Cymbalta);
- TDF/3TC, tenofovir disoproxil fumarate/emtricitabine (Truvada).

**Notes:**
- Do not use fixed–dose combination tablet if dose adjustment for renal failure is required. Adjust dose of TDF/FTC or TDF/3TC for patients with CrCl <50 mL/min. See Recommended Dose Adjustments for Use of Selected Fixed–Dose Combination ARVs in Patients with Hepatic or Renal Impairment.
- For HBV and HCV post–exposure management, see guideline sections Management of Potential Exposure to HBV and Management of Potential Exposure to HCV.