FIGURE 4: Sexual Assault HIV Exposure: Post–Exposure Prophylaxis (PEP) 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 medications.

STEP 2: Assess the sexual assault exposure – is ongoing PEP required?
- Ongoing PEP to prevent HIV infection is required if the exposure occurred within the previous 72 hours and:
  - If the assailant is confirmed to have HIV, by documentation in the medical record or through HIV testing if the defendant is available.
  - If, during the sexual assault, the patient has experienced mucosal to mucosal contact with the defendant, i.e., vaginal–penile contact, anal–penile contact, anal–oral contact, oral–penile contact, or without physical injury, tissue damage, or the presence of blood at the site of the assault.
  - If the sexual assault patient has broken skin or mucous membranes that have been in contact with blood, semen, or vaginal fluids of the defendant.
  - If the sexual assault patient has visible blood from a bite.

STEP 3: Initiate PEP with a preferred or alternative regimen [1].
- Preferred regimen (≥40 kg) [1,3]:
  - TDF 300 mg/FTC 200 mg (4,5) once per day or TDF 300 mg/3TC 300 mg (4,5) once per day
  - PLUS
  - RAL 1200 mg once per day [6] 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 who weigh <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 (Truvada) or TDF/3TC (Comduo) for patients with creatinine clearance <50 ml/min.
6. Only if individual weighs >40 kg.

If PEP is indicated but declined:
- Explain the 72–hour window period for PEP efficacy.
- Provide contact information for access to medical care if the exposed individual decides to pursue PEP.
- Arrange for serial HIV testing.
- Document refusal of PEP in the exposed individual’s medical record.

STEP 4: Perform baseline testing, treatment, and counseling; make referrals
- Baseline laboratory testing:
  - HIV testing with a 4th–generation Ag/Ab HIV test; if the sexual assault patient has HIV, refer for ART initiation.
  - HBV and HCV screening [b].
  - Pregnancy testing in individuals of childbearing potential; offer emergency contraception if indicated.
  - Liver and renal function tests.
- STI treatment:
  - Provide empiric treatment for gonorrhea, chlamydia, and trichomoniasis. (STI testing may be offered, but is not recommended. Positive results could be used to bias a jury.)
- Other medical care and forensic examination:
  - Provide or arrange for other appropriate medical treatment, including forensic examination.
  - Acute HIV education:
  - Inform the patient of the symptoms of acute HIV and emphasize the need for immediate medical care if symptoms occur; provide contact information for medical care.
- Trauma care:
  - Provide or refer for trauma care.
- Legal services:
  - Link the sexual assault patient to resources for legal services.

STEP 5: Arrange for follow-up medical care, serial HIV testing, and laboratory monitoring
- Contact within 24 hours:
  - Provide in-person or telephone contact to assess medication tolerance and assist with adverse effect management, as indicated.
- Link to services:
  - Link the patient to rape crisis services, including the Office of Victim Services.
- Medical care:
  - Provide follow-up medical care as indicated. Refer for HBV and/or HCV treatment, if indicated [b].
- Serial testing and laboratory monitoring:
  - Schedule or arrange for serial HIV testing at weeks 4 and 12 post exposure and for other routine laboratory testing (see Table 6).
- Support:
  - Provide ongoing adherence support to assist patient in completing the 28–day PEP regimen.

Abbreviations: Ag/Ab, antigen/antibody; ART, antiretroviral therapy; HBV, hepatitis B virus; HCV, hepatitis C virus; STI, sexually transmitted infection.
Drug name abbreviations (brand name): 3TC, lamivudine (Epivir); DTG, dolutegravir (Tivicay); FTC, emtricitabine (Emtriva); RAL, raltegravir (Isentress); TDF, tenofovir disoproxil fumarate (Viread).
Notes:
1. Do not use FDC for patients who require dose adjustment for renal failure. Adjust dose of TDF/FTC or TDF/3TC for patients with creatinine clearance <50 ml/min. See Recommended Dose Adjustments for Use of Selected Fixed–Dose Combination ARVs in Patients with Hepatic or Renal Impairment.
2. For HBV and HCV post–exposure management, see Management of Potential Exposure to HBV and Management of Potential Exposure to HCV.