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.

- **Preferred regimen (≥40 kg)** [2,3]:
  - TDF 300 mg/FTC 200 mg [4,5] once per day or TDF 300 mg/FTC 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/F/JT (Cymduo) for patients with creatinine clearance <50 ml/min.
6. Only if individual weighs >40 kg.

### If ongoing PEP is not required do not continue PEP medications.

- Link the sexual assault patient to rape crisis services, including the Office of Victim Services, and arrange for follow-up medical care.

### 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, oral–penile contact, with 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].

- **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 if the defendant is available.
- **SI treatment:** Provide empiric treatment for gonorrhea, chlamydia, and trichomoniasis. (SI testing may be offered, but is not recommended. Positive results could be used to bias a jury.)
  - Liver and renal function tests.
- **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 4: Perform baseline testing, treatment, and counseling; make referrals.

- **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 and Drug name abbreviations (brand name):
- **Ab/Ag:** antigen/antibody.
- **ART:** antiretroviral therapy.
- **HBV:** hepatitis B virus.
- **HCV:** hepatitis C virus.
- **STI:** sexually transmitted infection.
- **3TC:** lamivudine (Epivir).
- **DTG:** dolutegravir (Tivicay).
- **FTC:** emtricitabine (Emtriva).
- **RAL:** raltegravir (Isentress).
- **TDF:** tenofovir disoproxil fumarate (Viread).
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Notes:
- 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 creatinine clearance <50 ml/min. See NYSDOH AI guideline Selecting an Initial ART Regimen.
- For HBV and HCV post–exposure management, see Management of Potential Exposure to Hepatitis B Virus and Management of Potential Exposure to Hepatitis C Virus.