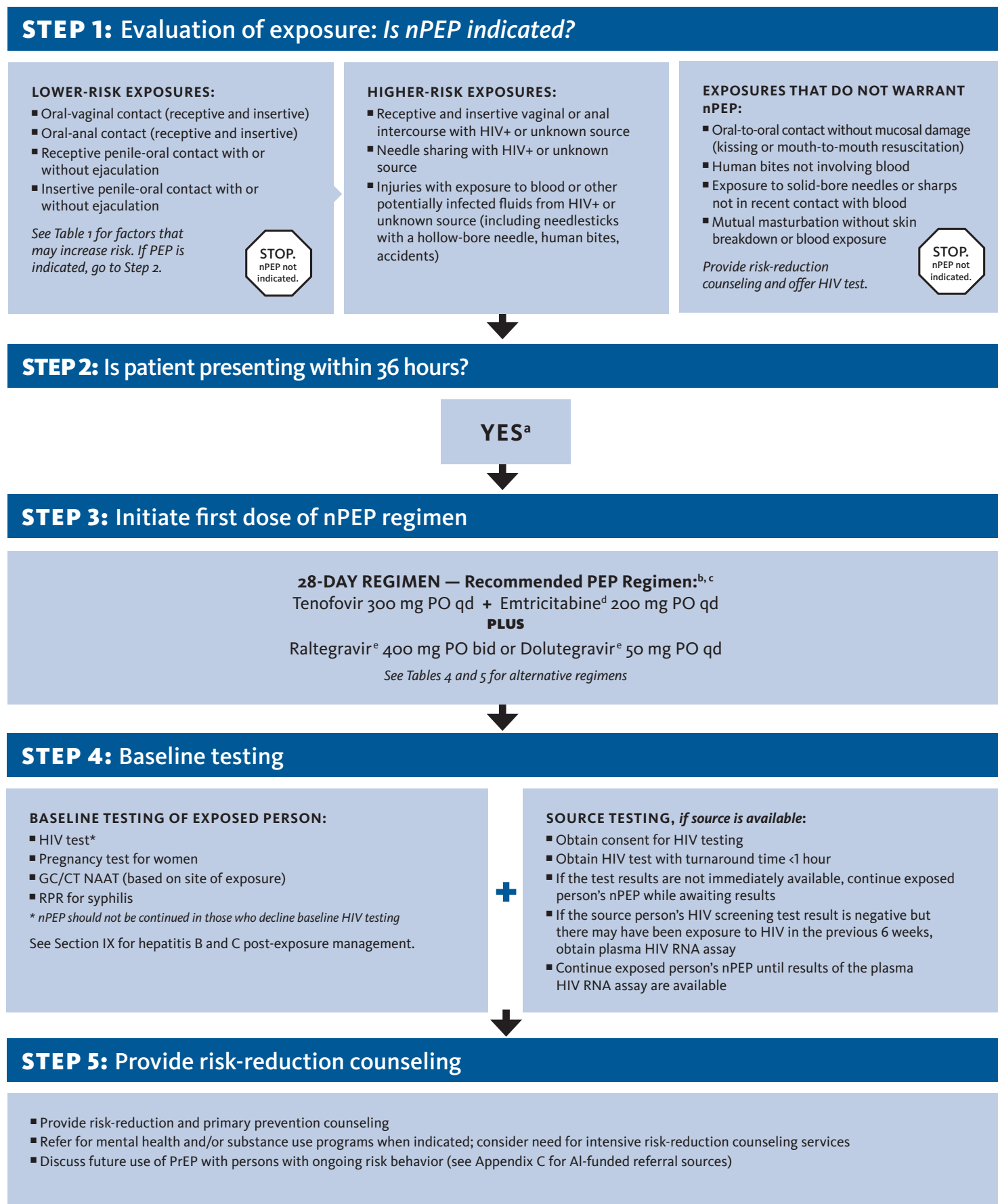


Figure 1. Steps for Evaluating and Managing a Non-Occupational Exposure



<sup>a</sup> Decisions to initiate nPEP beyond 36 hours post-exposure should be individualized, with the realization of diminished efficacy when timing of initiation is prolonged; assess for hepatitis B and C; recommend serial HIV testing at 0, 4, and 12 weeks; provide risk-reduction counseling.

<sup>b</sup> If the source is known to be HIV-infected, information about his/her viral load, ART medication history, and history of antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen.<sup>67</sup> **Initiation of the first dose of PEP should not be delayed while awaiting this information and/or results of resistance testing.** When this information becomes available, the PEP regimen may be changed if needed in consultation with an experienced provider.

<sup>c</sup> See Appendix A for dosing recommendations in patients with renal impairment.

<sup>d</sup> Lamivudine 300 mg PO qd may be substituted for emtricitabine. A fixed-dose combination is available when tenofovir is used with emtricitabine (Truvada 1 PO qd).

<sup>e</sup> See Appendix A for drug-drug interactions, dosing adjustments, and contraindications associated with raltegravir and dolutegravir.

Determining the degree of risk of HIV transmission is an important factor in guiding the patient and clinician in making a decision concerning nPEP. Table 1 lists types of exposures that should prompt consideration of nPEP and those that do not warrant nPEP. Figure 1 lists steps for evaluating and managing non-occupational exposures. There may be factors which complicate assessment of the exposure. Clinicians who do not have access to experienced HIV clinicians should call the Clinical Education Initiative CEI PEP Line at 1-866-637-2342. When using the PEP Line, providers from New York State should identify themselves as practicing in the State.

<b>TABLE 1</b> <b>CONSIDERATION OF nPEP ACCORDING TO THE TYPE OF RISK EXPOSURE<sup>a</sup></b>	
<p><b>Types of Exposures for Which nPEP Should Be Recommended</b></p> <p>(higher-risk exposures)</p>	<ul style="list-style-type: none"> <li>• Receptive and insertive vaginal or anal intercourse<sup>b</sup></li> <li>• Needle sharing<sup>b</sup></li> <li>• Injuries with exposure to blood or other potentially infected fluids from a source known to be HIV-infected or HIV status is unknown (including needlesticks with a hollow-bore needle, human bites, accidents)</li> </ul>
<p><b>Lower-Risk Exposures That Require Case-by-Case Evaluation for nPEP</b></p> <p>(lower-risk exposures: assess for factors that increase risk before recommending initiation of nPEP)</p>	<ul style="list-style-type: none"> <li>• Oral-vaginal contact (receptive and insertive)</li> <li>• Oral-anal contact (receptive and insertive)</li> <li>• Receptive penile-oral contact with or without ejaculation</li> <li>• Insertive penile-oral contact with or without ejaculation</li> </ul> <p><b>Factors that increase risk:</b></p> <ul style="list-style-type: none"> <li>➤ Source person is known to be HIV-infected with high viral load</li> <li>➤ An oral mucosa that is not intact (e.g., oral lesions, gingivitis, wounds)</li> <li>➤ Blood exposure — it is important to note that blood exposure can be minimal and therefore not recognized by the exposed person. If the exposed person reports frank blood exposure, PEP would be indicated</li> <li>➤ Presence of genital ulcer disease or other STIs</li> </ul>
<p><b>Types of Exposures That Do Not Warrant nPEP</b></p> <p>(no risk)</p>	<ul style="list-style-type: none"> <li>• Kissing<sup>c</sup></li> <li>• Oral-to-oral contact without mucosal damage (mouth-to-mouth resuscitation)</li> <li>• Human bites not involving blood</li> <li>• Exposure to solid-bore needles or sharps not in recent contact with blood<sup>d</sup></li> <li>• Mutual masturbation without skin breakdown or blood exposure</li> </ul>
<p><sup>a</sup> Appendix B provides risk calculations for specific risk behaviors.</p> <p><sup>b</sup> With a source known to be HIV-infected or HIV status is unknown.</p> <p><sup>c</sup> There is no risk associated with close-mouthed kissing. There is a remote risk associated with open-mouthed kissing if there are sores or bleeding gums and blood is exchanged.<sup>19</sup></p> <p><sup>d</sup> Examples of solid-bore needles include tattoo needles and lancets used by diabetics to measure blood-sugar levels.</p>	