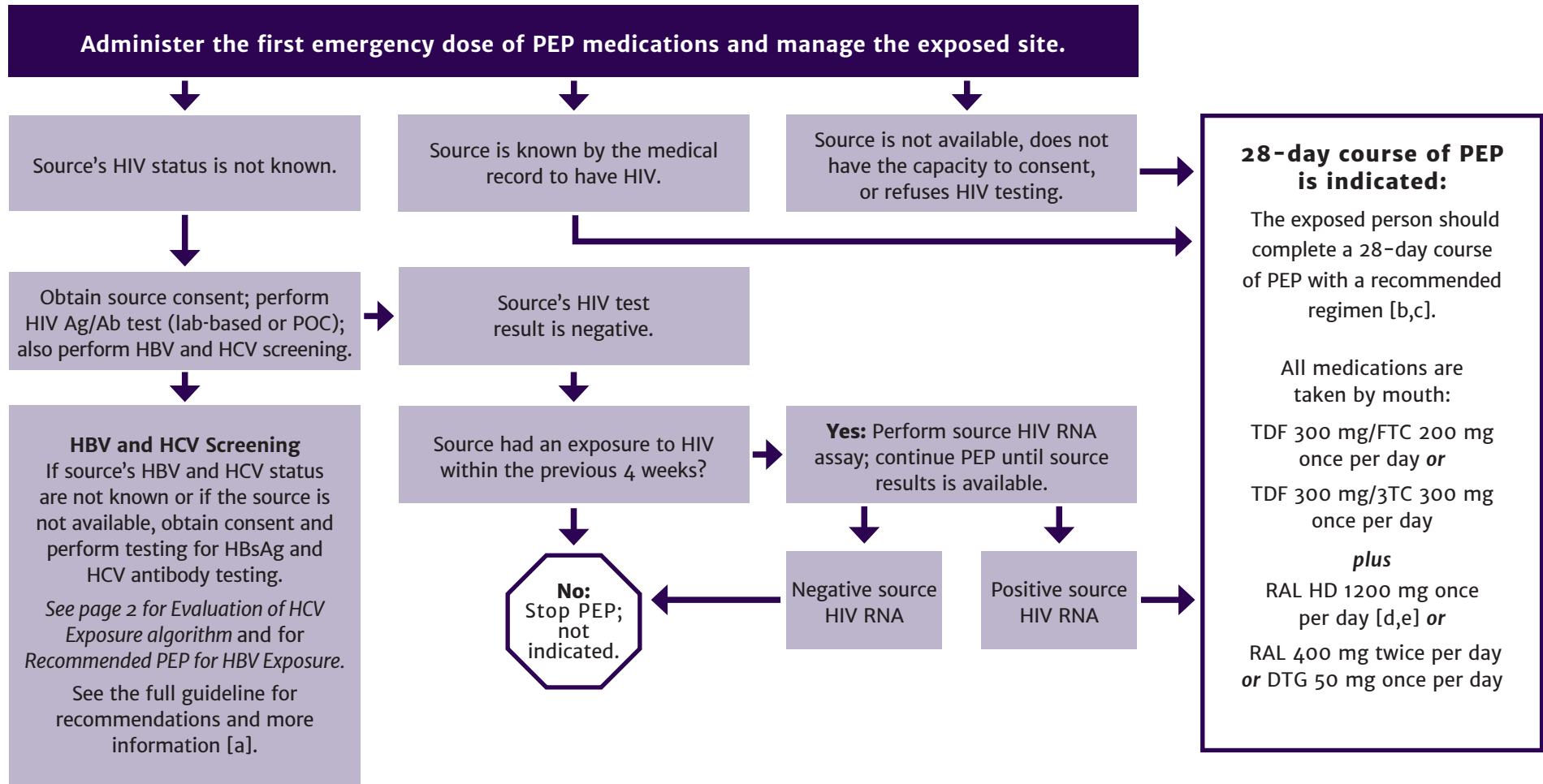




FIGURE 2: Occupational HIV Exposure: PEP and Exposure Management When Reported Within 72 Hours

See also: *Management of Potential Exposure to Hepatitis B Virus* and *Management of Potential Exposure to Hepatitis C Virus* in the full guideline.



Abbreviation key: Ag/Ab, antigen/antibody; CrCl, creatinine clearance; HBV, hepatitis B virus; HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus; PEP, post-exposure prophylaxis; POC, point-of-care.

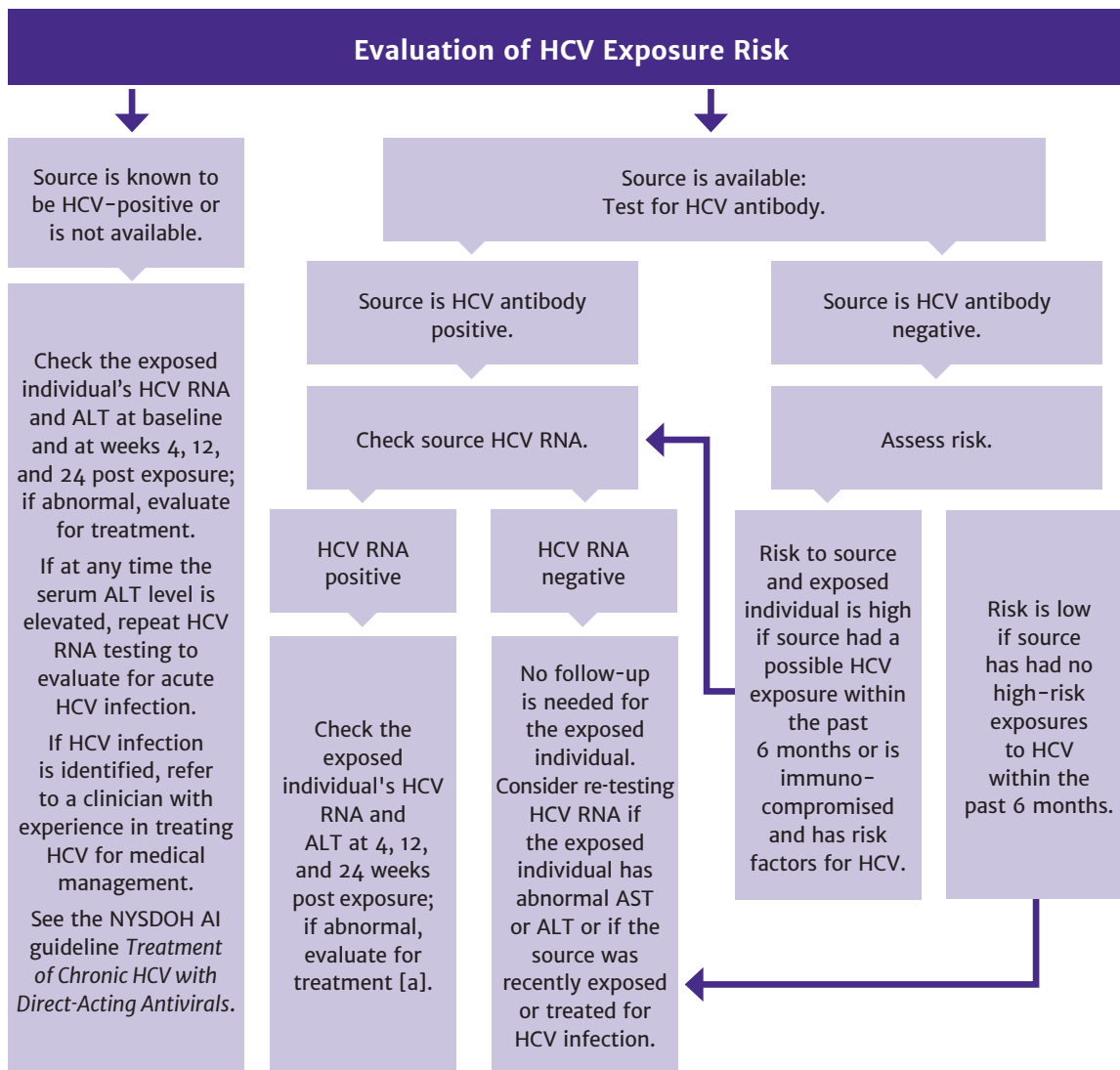
Drug name abbreviations (brand name): 3TC, lamivudine (Epivir); DTG, dolutegravir (Tivicay); FTC, emtricitabine (Emtriva); RAL, raltegravir (Isentress); TDF, tenofovir disoproxil fumarate (Viread); TDF/FTC (Truvada).

Notes:

- a. For HBV and HCV post-exposure management, see guideline sections *Management of Potential Exposure to Hepatitis B Virus* and *Management of Potential Exposure to Hepatitis C Virus*.
- b. See Tables 2 and 3 for preferred and alternative PEP regimens.
- c. 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 CrCl <50 mL/min (see NYSDOH AI guideline *Selecting an Initial ART Regimen > ARV Dose Adjustments for Hepatic or Renal Impairment*).
- d. RAL HD may be prescribed for patients who weight >40 kg.
- e. RAL HD should not be prescribed for pregnant individuals.



FIGURE 5: Evaluation of Hepatitis C Virus Exposure Risk and Recommended Follow-Up



Recommended PEP for HBV Exposure [a]			
Exposed Individual Vaccination Status	Indicated Treatment for Exposed Individual:		
	Source HBV Status		
	HBsAg Positive	HBsAg Negative or Not Available	Not Available; Known High-Risk [b]
Unvaccinated/non-immune	· Administer HBIG 0.06 mL/kg IM. · Initiate HBV vaccine series.	Initiate HBV vaccine series.	Treat as if source is HBsAg-positive.
Previously vaccinated with completed HBV series; known responder [c]	No treatment.		
Previously vaccinated with completed HBV series; known non-responder [c]	· Administer HBIG 0.06 mL/kg IM. · Initiate re-vaccination [d] or administer second dose of HBIG 1 month later.	No treatment.	Treat as if source is HBsAg-positive.
Previously vaccinated with completed HBV series; unknown anti-body response	· Administer single dose of vaccine. · Check titer. If low, complete 3-dose vaccine series.	No treatment.	Treat as if source is HBsAg-positive.
Undergoing vaccination at time of exposure	· Administer HBIG 0.06 mL/kg IM. · Complete 3-dose vaccine series.	Complete vaccine series.	

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:

- Individuals who have previously been infected with HBV with HBsAg positivity are immune to re-infection and do not require PEP.
- 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%.
- 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.
- 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.