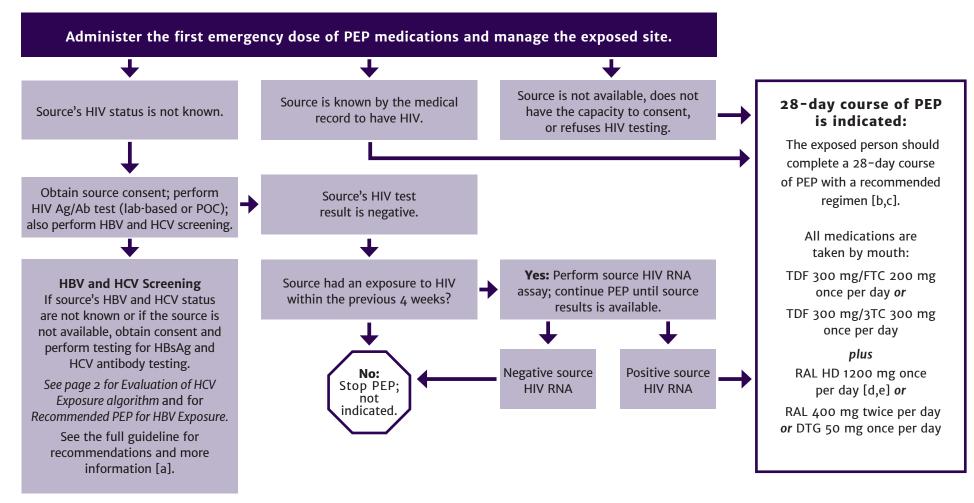
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FIGURE 2: Occupational HIV Exposure: PEP and Exposure Management When Reported Within 72 Hours

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.



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

Evaluation of HCV Exposure Risk						Recommended PE		
¥			↓				Furnered	Indicated T
Source is known to be HCV-positive or is not available.	Source is available: Test for HCV antibody.						Exposed Individual Vaccination Status	HBsAg Positive
Check the exposed individual's HCV RNA and ALT at baseline and at weeks 4, 12, and 24 post exposure; if abnormal, evaluate for treatment. If at any time the serum ALT level is elevated, repeat HCV RNA testing to evaluate for acute HCV infection. If HCV infection is identified, refer to a clinician with experience in treating HCV for medical management. See the NYSDOH AI guideline <i>Treatment</i> of Chronic HCV with Direct-Acting Antivirals.	Source is HCV antibody positive.			Source is HCV antibody negative.			Unvaccinated/ non-immune	 Administer HBIG 0.06 mL/kg IM. Initiate HBV vaccine series.
	Check source HCV RNA.		١.	Assess risk.			Previously vaccinated with completed HBV series; known responder [c]	
	HCV RNA positive Check the exposed individual's HCV RNA and ALT at 4, 12, and 24 weeks post exposure; if abnormal, evaluate for treatment [a].	HCV RNA negative No follow-up is needed for the exposed individual. Consider re-testing HCV RNA if the exposed individual has abnormal AST or ALT or if the source was recently exposed or treated for HCV infection.	inc if F ex 6	Risk to source and exposed adividual is high if source had a possible HCV exposure within the past 6 months or is immuno- compromised and has risk actors for HCV.	Risk is low if source has had no high-risk exposures		Previously vaccinated with completed HBV series; known non- responder [c]	 Administer HBIC 0.06 mL/kg IM. Initiate re-vaccination [d] or administe second dose of HBIG 1 month later.
					to HCV within the past 6 months.		Previously vaccinated with completed HBV series; unknown anti- body response	 Administer single dose of vaccine. Check titer. If low, complete 3-dose vaccine series.
			•				Undergoing vaccination at time of exposure	 Administer HBIG 0.06 mL/kg IM. Complete 3-dose vaccine series.

Recommended PEP for HBV Exposure [a]								
	Indicated Treatment for Exposed Individual:							
Exposed Individual	Source HBV Status							
Vaccination 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 va	iccine series.					

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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:

- a. Individuals who have previously been infected with HBV with HBsAg positivity are immune to re-infection and do not require PEP.
- b. 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%.
- c. Based on information available at presentation. Responder is defined as an individual with previously documented adequate levels of serum anti-HBs >10 mlU/mL); a nonresponder is an individual with previously documented inade quate response to vaccination (serum anti-HBs <10 mlU/mL). The decision to vaccinate should not be delayed while testing for anti-HBs at presentation.
- d. 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.



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