

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, 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.

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 3: Initiate PEP with a preferred or alternative regimen [1].

Preferred regimen (≥40 kg) [2,3]:

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 HD 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.
- Do not use fixed-dose combination medications for patients who require dose adjustment for renal failure.
- Adjust dose [a] of TDF/FTC (Truvada) or TD-F/3TC (Cimduo) 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 Ag/Ab combination immunoassay; 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; PEP, post-exposure prophylaxis; 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:

- a. 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 > ARV Dose Adjustments for Hepatic or Renal Impairment.
- b. 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.

