STEP 1: Evaluate Exposure: Is nPEP Indicated?

Did a puncture, mucous membrane or sexual exposure to potentially HIV-positive fluid occur? **NO**

**YES**

Is patient presenting within 72 hours? **NO**

**YES**

Decision to initiate should be individualized. Assess for hep B and C, offer serial HIV testing (0, 4 and 12 weeks) and provide risk-reduction counseling.

STEP 2: Initiate First Dose of nPEP Regimen

Refer to recommended and preferred alternative regimens on alternate side of card.

STEP 3: Perform Baseline Testing

**EXPOSED PERSON:**
- HIV test
- Pregnancy test
- GC/CT NAAT* (based on site of exposure)
- RPR for syphilis*
- Assess for hep B and C
*Not performed in cases of sexual assault

**SOURCE PERSON:**
- Obtain HIV test with turnaround time < 1 hour
- If results are not immediately available, continue nPEP while awaiting results
- If result is negative but there may have been exposure to HIV in the previous 6 weeks, obtain plasma HIV RNA assay
- Continue nPEP until results of the plasma HIV RNA assay are available

STEP 4: Provide Counseling and Referral

- Provide risk-reduction counseling; consider need for intensive risk-reduction counseling services
- Refer for mental health and/or substance use programs when indicated
- Discuss future use of PrEP with people with ongoing risk behavior
RECOMMENDED REGIMEN
for Exposed Patients ≥ 13 years old

28-DAY REGIMEN
Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd
PLUS
Raltegravir 400 mg PO bid or Dolutegravir* 50 mg PO qd

PREFERRED ALTERNATIVE REGIMENS
Tenofovir 300 mg PO qd + Emtricitabine 200 mg PO qd
PLUS
Darunavir 800 mg PO qd or Atazanavir 300 mg PO qd
or Fosamprenavir 1400 mg PO qd
AND
Ritonavir 100 mg PO qd

*Avoid use of Dolutegravir for (i) nonpregnant people of childbearing potential who are not using an effective birth control method or (ii) pregnant people early in pregnancy.

Speak with a clinician experienced in managing PEP if exposed patient is ≤ 13 years old, pregnant, breastfeeding or requires an alternative regimen

For more information regarding occupational PEP or nonoccupational PEP guidelines go to hivguidelines.org

For questions about emergency PEP, call the Clinician Education Initiative (CEI) Line at 866-637-2342, Monday to Friday, 9 a.m. to 8 p.m. ET, and weekends and holidays, 11 a.m. to 8 p.m. ET.

For assistance getting patients started on emergency PEP right away, clinicians in New York City can call the NYC PEP Hotline at 844-3-PEPNYC (844-373-7692). The hotline is available 24/7.

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