

## HIV Post-Exposure Prophylaxis (PEP) Algorithm

### Step 1: Source material

- Blood
- Bloody Fluid
- Other infectious materials (OPIM: semen/vaginal, CSF; synovial, pleural, peritoneal, pericardial or amniotic fluid; tissue)

#### If any of the above are checked, go to Step 2:

- Other than above (urine, stool, non-bloody saliva): NO PEP NEEDED

### Step 2: Source HIV Status

- Patient is known HIV positive (regardless of viral load count) or Rapid HIV result is positive

### Step 3: Type of Exposure

- Intact skin → NO PEP NEEDED
- Percutaneous exposure (laceration or needlestick)
  - Standard regimen for all categories of exposure risk: No need for distinction between severity of exposure
- Mucous membrane/non-intact (dermatitis, abrasion, open wound) skin
  - Standard regimen for all categories of exposure risk: No need for distinction between severity of exposure

### Step 4: PEP Recommendation

- NONE
- Standard regimen: Truvada one tablet daily, Raltegravir 400 mg BID

If employee accepts PEP, perform pregnancy test, obtain consent for PEP and provide medication instructions sheets; F/U in OHS as soon as feasible.

### Special Considerations:

- Unknown source or source unable to be tested: Chemoprophylaxis for exposure to source with unknown HIV status will be determined on a case-by-case basis. Discuss with OHS Medical Director or Infectious Diseases physician on call.
- Source patient with HIV drug resistance: Consult with the physician providing HIV care to the source patient within 24 hours. If modification of chemoprophylaxis is recommended the employee will be referred to an Infectious Disease specialist.
- Infectious Diseases consultation is also recommended in the following situations: Delayed exposure report, unknown sources, known or suspected pregnancy in the exposed employee, breast-feeding in the exposed employee, toxicities of the initial PEP regimen, and serious medical illness in the exposed employee (e.g renal disease) or if the exposed employee is taking multiple medications.
- Pregnant employee - consult with OB physician on call prior to prescribing.

Reference: MMWR V. 54 #RR-9 9/30/2005 – US PHS Guidelines Updated 2013