Sexually transmitted GC/CT and trichomonas infections: all meds administered on site by provider: 4 – azithromycin 1 gram PO X 1 & ceftriaxone 250 mg IM x 1 & (if risk of vaginitis) metronidazole 2 grams PO x 1.

HIV prophylaxis: TDF/FTC (Truvada™) + dolutegravir (Tivicay™) – 1 tab each PO daily x 28 days (administer first dose on site as soon as possible after rapid HIV negative status obtained or non-rapid HIV test sent).

Emergency contraception: for persons at risk of pregnancy.

All persons not known to be previously vaccinated against HBV, should receive hepatitis B vaccination (without hepatitis B immune globulin), with the first dose administered during the initial examination. If the exposure source is available for testing & is HBsAg-positive, unvaccinated nPEP patients should receive both hepatitis B vaccine & hepatitis B immune globulin during the initial evaluation. Follow-up dose(s) should be administered as per vaccine package insert. Previously vaccinated sexually assaulted persons who did not receive postvaccination testing should receive a single vaccine booster dose.

For those ages 9-26 years inclusively offer first HPV vaccination dose if not adequately vaccinated previously.

For feedback, questions, or more of this resource, contact us at info@aidsetc.org.
Negligible Risk for HIV Acquisition

Substantial Risk for HIV Acquisition

s≤2 hours since exposure

Source known to be living with HIV

PEP IS RECOMMENDED as soon as possible

Negligible Risk for HIV Acquisition

Substantial Risk for HIV Acquisition

s>2 hours since exposure

Source of unknown HIV status

Case-by-Case Determination

nPEP NOT Recommended

Additional Information

- Health care providers should evaluate persons rapidly for nPEP when care is sought ≤72 hours after an exposure that presents a substantial risk for HIV acquisition. The decision to recommend nPEP should not be influenced by the geographic location of the assault/exposure.

- nPEP is not recommended when care is sought >72 hours after potential exposure.

- Regimens are available for children, and persons with decreased renal function.

- A case-by-case determination about nPEP is recommended when the HIV infection status of the source of the body fluids is unknown and the reported exposure presents a substantial risk for transmission if the source did have HIV infection.

- Follow-up for people receiving nPEP is important and should be provided by or in consultation with a clinician experienced in managing nPEP. Providers who do not have access to a clinician experienced in providing nPEP follow-up should make linkages with community providers with this experience or contact the Clinician Consultation Center PEPline at (888)448-4911 for assistance http://nccc.ucsf.edu/.

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