Pre-Exposure Prophylaxis (PrEP), Non-Occupational Post-Exposure Prophylaxis (nPEP) & Occupational PEP (oPEP)

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This resource summarizes the guidelines for the management of occupational and non-occupational exposures to the human immunodeficiency virus (HIV), hepatitis B (HBV), and hepatitis C (HCV). This resource also incorporates recommendations for non-post-exposure prophylaxis (PrEP) and pre-exposure prophylaxis (nPEP) for the prevention of HIV in adults at high risk for acquiring HIV. This resource is intended to guide initial decisions about management and should be used in conjunction with other guidance provided in the full reports available at websites listed throughout this resource.

Management of Non-Occupational Exposures

- Evaluate exposure - See inside of card
- Start non-occupational post-exposure prophylaxis (nPEP) when indicated
- Sexual exposure requires evaluation for sexually transmitted infections (STIs)
- For inking skin injuries (SIs), assess access to clean needles/syringes
- Women at risk for unintended pregnancy should be offered emergency contraception
- Refrain from smoking, counseling for risk-reduction, mental health, substance abuse, and domestic violence
- Victims of sexual assault should be referred to rape crisis services
- National Sexual Assault Hotline 1.800.656.HOPE (4673)

Management of Occupational Exposures

Requires immediate reporting so exposed person can be evaluated, tested, and provided with appropriate occupational and non-occupational post-exposure prophylaxis (nPEP) if indicated

- Treatment (bc) of Exposure Site
  - Wash wounds and skin with soap and water
  - Flush mucous membranes with water
  - Use antiseptics; not contraindicated, but no evidence that it will further reduce the risk of transmission. Avoid use of caustic agents (e.g., bleach)
- Evaluate Exposure - See inside of card
- Start PEP when indicated

Risk Reduction Counseling for Persons Exposed to Bloodborne Pathogens

Exposure to other bloodborne pathogens (e.g., hepatitis B and C) should be considered in addition to the sections on hepatitis B and C provided in this resource. Patients should be counseled to initiate or resume smoking and behavior changes to prevent additional exposure and to prevent potential secondary transmission while receiving PEP.

During 12 week follow up period:
- Use condoms to prevent sexual transmission
- Avoid pregnancy and breastfeeding
- Avoid needle sharing
- Refrain from donating blood, plasma, tissue and semen

The information contained in this publication is intended for medical professionals as an aid to improve the standard of care. This resource does not replace nor summarize the recommendations contained in the clinical practice guidelines. The use of this resource is at the discretion of the provider. The author assumes no responsibility for the accuracy or completeness of the information contained herein or for errors in interpretation or application of the guidelines. The information is not intended to replace or diminish the provider's responsibility to determine the most appropriate course of treatment for their patient.

PREPARATION OF THE RESOURCE

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To order additional printed copies, please email Jennifer Janelli at jjanelli@kfrc.org.

Pre-Exposure Prophylaxis (PrEP) for Hepatitis B Virus (HBV)


Vidhu Kariyawasam, MD

- Botox and ATX (tretaxone/polymer test) treat HBV in people with chronic active hepatitis B (HBV) monitor viral load when PrEP is discontinued and develop an alternative treatment plan if necessary.
- Follow up at least every 40 days while patient taking PrEP

- Repeat HIV test every 3 months. In women of childbearing potential, perform pregnancy testing every 3 months.
- Document negative (blood or serum) HIV antibody test, not recommended to prevent HIV-1 acquisition from receptive vaginal sex as effectiveness has not been studied.
- Refrain from donating blood, plasma, tissue and semen
- Use antiseptics; not contraindicated, but no evidence that it will further reduce the risk of transmission. Avoid use of caustic agents (e.g., bleach)
- Evaluate Exposure - See inside of card
- Use of antiseptics is not contraindicated, but no evidence that it will further reduce the risk of transmission. Avoid use of caustic agents (e.g., bleach)

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**HIV Exposure Management**

**NOTE:** Consider exposure to other bloodborne pathogens (e.g., hepatitis B and C) in addition to HIV. See sections on hepatitis B and C provided in this resource.

- PEP for non-occupational (nPEP) and occupational exposures (oPEP) should start immediately (ideally within 1-2 hours post-exposure), and continue for 28 days, or until the source person is confirmed to be HIV-negative.
- See Table on Recommended Schedule for Laboratory Evaluation for Source and Exposed Persons.
- Risk reduction and primary counseling should be provided whenever someone is assessed for nPEP, regardless of whether PEP is indicated.
- The National Clinician Consultation Center provides timely answers for urgent exposure management and PEP. Call 888-448-4931 or visit [https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/](https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/) for more information.

**Post-Exposure Management for Hepatitis C Virus (HCV)**

- See Table on Bloodborne Pathogen Exposure: Recommended Laboratory Monitoring for Source and Exposed Persons.
- Confirm HCV Ab results reported positive by testing for HCV viral load.
- No prophylactic regimens proven beneficial for PEP.
- Early identification of acute HCV and referral to hepatitis C specialist for management if infected. 5

**Management of Post-Exposure Management to HCV**

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- Confirm HCV Ab results reported positive by testing for HCV viral load.
- No prophylactic regimens proven beneficial for PEP.
- Early identification of acute HCV and referral to hepatitis C specialist for management if infected. 5

**Evaluation of Treatment and Possible Non-Occupational Exposures to HIV**


**Evaluation of Treatment and Possible Occupational Exposure to HIV**


**Preferred HIV Post-Exposure Prophylaxis Regimens for Healthy Adults and Adolescents (All regimens are for 28 days [4 weeks])**


**Bloodborne Pathogen Exposure: Recommended Laboratory Monitoring for Source and Exposed Persons**

Adapted from references listed throughout this resource.

**Preferred Antiretrovirals Recommended for oPEP and nPEP (Dosage Forms and Important Points)**

**Drug**

<table>
<thead>
<tr>
<th>Oral Antiretroviral</th>
<th>Usual Adult Dosage Forms</th>
<th>Important Points</th>
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<tr>
<td>Tenofovir disoproxil fumarate/Emtricitabine (TDF/FTC, Truvada)</td>
<td>Tablet (50 mg); 600 mg chewable tab</td>
<td>Take with or without food. Avoid concomitant use with other medications (e.g., cation-containing antacids or laxatives, sucralfate, oral iron or calcium supplements, multivitamins with minerals), containing polyvalent cations (e.g., Mg, Al, Fe, Ca). TDF may be taken with calcium or iron supplements if taken together with food. Avoid Al or Mg-containing antacids. No separation needed when given with PPIs. Abrupt withdrawal can cause chronic active HBV flares. Adverse Effects: Headache, insomnia most common, Hyperosmolality reaction involving blood vessels, case reports of aseptic meningitis and encephalitis have been reported. Individually, individuals with childhood potential should be warned of small risk of teratogenicity with dolutegravir in the 1st trimester of pregnancy. Contraception should be used while taking dolutegravir. Raltegravir is considered safe in pregnancy and in women of child-bearing potential. See <a href="https://www.hivguidelines.org/antiretroviral-therapy/resources-care-providers/#tab_4">https://www.hivguidelines.org/antiretroviral-therapy/resources-care-providers/#tab_4</a>. SJS/TEN (toxic epidermal necrolysis) have been reported. AUSPIS Guidelines list only the nPEP regimens as preferred for oPEP.</td>
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