

# Post-Exposure Prophylaxis (PEP): Assess, Test, Initiate, and Connect

## STEP 1: Assess—Was there an exposure and is nPEP indicated?

### LOW or NO-RISK EXPOSURES:

- Oral sexual contact with vagina, penis, or anus
- Exposure to non-infectious fluids like saliva, vomit, sweat, urine, or feces
- Needle stick without recent exposure to blood

**STOP:**  
nPEP not indicated.

### HIGHER-RISK EXPOSURES:

- vaginal or anal intercourse without a condom
- Exposure to blood or other contagious body fluid (semen, pre-ejaculate, vaginal fluid, or breast milk) contacting mucous membrane or open skin.
- Needle sharing or needle stick

## Is patient presenting within 72 hours?

**YES**

## STEP 2: Test — Order appropriate tests (tests in **bold** are highest priority)

### TESTING OF EXPOSED PERSON

- **Urine pregnancy testing** for all women and transgender men
- **HIV Ag/Ab**
- **HBsAg**, anti-HBsAb, anti-HBcAb,
- Anti-HCV Ab
- Syphilis testing with RPR or reverse algorithm
- Chlamydia and Gonorrhea (urine specimen, and vaginal/ , throat/ , and/or rectal swab if reporting receptive vaginal/oral, and/or anal sex).
- ALT, AST, and creatinine
- If test results are not available, initiate nPEP

### SOURCE TESTING, *if source is available*<sup>c</sup>

- HIV Ab/Ag
- HBsAg, anti-HBsAb, anti-HBcAb,
- Anti-HCV Ab
- Syphilis testing with RPR or reverse algorithm
- Chlamydia and Gonorrhea (urine specimen, vaginal/throat and/or /rectal swab)
- If the source person is positive for HIV, obtain HIV RNA and HIV genotypic resistance

## STEP 3: Don't wait! Initiate — Provide 28-day course of recommended post-exposure prophylaxis

### RECOMMENDED REGIMENS

*For adults and children >13 years with normal renal function:*

Truvada 1 tab daily (Emtricitabine 200mg and Tenofovir 300mg)

#### PLUS

Raltegravir 400mg PO bid **OR** Dolutegravir 50mg PO daily

### ALTERNATIVE REGIMENS

Stribild 1 tab daily (Emtricitabine/tenofovir/cobicistat/elvitegravir)

*Or page infectious disease consultant on call.*

### ADDITIONAL CONSIDERATIONS<sup>c</sup>

- emergency contraception
- hepatitis B immunoglobulin if exposed person not immune and source patient confirmed to have hepatitis B infection.

*For additional resources for accessing and paying for medications, refer patient to the Public Health Pharmacy at 976 Lenzen Avenue, San José.*

*Phone: 408-792-5169 Fax: (408) 792-5169*

## STEP 4: Connect — Assist patient in seeing a provider before completing nPEP

- Refer for follow up within 28 days before or before prescription runs out.

**The Lenzen Public Health STD Clinic can see patients for PEP follow-up if no PCP or uninsured: (408) 792-3720**

- Repeat testing for HIV at 4 and 12 weeks after exposure, pregnancy test
- Repet HBsAg, and Anti- HCV Ab if exposed person is susceptible to HBV and HCV
- Repet syphilis, gonorrhea, and chlamydia test at 3 and 6 months after exposure.
- Referral to PCP or Public Health for transition to Pre-Exposure Prophylaxis (PrEP) if possibility of ongoing risk of exposure.

### For more help:

**UCSF PEP Warm Line: (888) 448-4911** Available 6am – 6pm, 7 days/week. Clinician consultation for complex PEP cases.

**Pharmacy at 976 Lenzen Avenue: (408) 792-5169** 8:30am-5pm M-F; Prescription filling, side effects counseling, payment assistance program enrollment.

**Santa Clara County Public Health Department: 9am – 5pm M-F.** Clinical follow-up, payment assistance, counseling for new HIV Diagnoses.

**PrEP/PEP Navigation (408) 792-3750**

**Disease Reporting (408) 792-5030**

**STD Clinic (408) 792-3720**

<sup>c</sup> If the source is known to be HIV-infected, information about viral load, ART medication history, and antiretroviral drug resistance should be obtained when possible to assist in selection of a PEP regimen.