 For patients at risk of pregnancy with a negative pregnancy test, offer emergency contraception.

For all post-sexual exposures on-site treatment for GC/CT, & for trichomonas (when risk of vaginitis). Administer 1 dose of hepatitis B vaccine (without hepatitis B immune globulin) to persons not previously vaccinated or incompletely vaccinated. 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 visits should be administered as per vaccine package insert. Previously vaccinated exposed persons who do not receive postvaccination testing should receive a single vaccine booster dose. For those 9-45 years inclusively, after first HPV vaccination dose if not adequately vaccinated previously.

For those with known or probable prior HBsAg for persons at risk of pregnancy

For post-sexual assault patients, the need for STI testing should be considered. **Pre-exposure prophylaxis (PrEP):** contact the Clinician Consultation Center at 1-888-448-7737 for Clinician-to-clinician advice. Expanded use of Gardasil: [https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm622715.htm](https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm622715.htm)

Initial treatment, patient education, counseling & follow-up visits:

Follow-up visits should be scheduled at 72 hours & 4 weeks after initiating nPEP. Possible side effects are nausea, diarrhea, headache, myalgias. Possible drug interactions are antacids, calcium, iron supplements. Stress adherence importance to nPEP regimen for 28 days without interruption. PrEP initiation immediately after finishing 28-day nPEP prescription for those with ongoing risk. Syphilis serology at 4-6 weeks. HIV Ag/Ab testing at 6 weeks & 3 months after initial non-reactive test. HIV & Syphilis testing at 6 months after initial non-reactive test.
Additional Information

• Healthcare 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/.

When the source is known to have HIV:

- If 72 hours or less, start nPEP as soon as possible.
- If >72 hours, consult with an expert or contact the Clinician Consultation Center PEPline.

Source of unknown HIV status:

- If exposure is 72 hours or less, start nPEP as soon as possible.
- If >72 hours, consult with an expert or contact the Clinician Consultation Center PEPline.