Post-Exposure Prophylaxis (PEP)

(updated January 2023)

AETC AIDS Education & Training Center Program New England

Post-Exposure Prophylaxis (PEP)

This educational packet is a curated compilation of resources on post-exposure prophylaxis (PEP).

The contents of this packet are listed below:

- Post-Exposure Prophylaxis – PEP (HIVinfo)
- Profilaxis Posexposición – PEP (HIVinfo)
- PEP 101 (CDC)
- nPEP Quick Guide for Providers (AETC National Coordinating Resource Center)
- nPEP Myths and Facts (AETC National Coordinating Resource Center)
- Post-Exposure Prophylaxis (CDC)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

Post-Exposure Prophylaxis (PEP)

hivinfo.nih.gov/understanding-hiv/fact-sheets/post-exposure-prophylaxis-pep

HIV Prevention

Last Reviewed: August 19, 2021

Key Points

- Post-exposure prophylaxis (PEP) means taking HIV medicines within 72 hours (3 days) after a possible exposure to HIV to prevent HIV infection.
- PEP should be used only in emergency situations. It is not meant for regular use by people who may be exposed to HIV frequently. PEP is not a substitute for regular use of other HIV prevention methods.
- PEP must be started within 72 hours after a possible exposure to HIV. The sooner PEP is started after a possible HIV exposure, the better.
- If you are prescribed PEP, you will take HIV medicines every day for 28 days.

What is PEP?

PEP stands for post-exposure prophylaxis. The word "prophylaxis" means to prevent or control the spread of an infection or disease. PEP means taking HIV medicines within 72 hours (3 days) after a possible exposure to HIV to prevent HIV infection.

PEP should be used only in emergency situations. It is not meant for regular use by people who may be exposed to HIV frequently. PEP is not intended to replace regular use of other HIV prevention methods, such as consistent use of condoms during sex or pre-exposure prophylaxis (PrEP). PrEP is different than PEP, in that people at risk for HIV take a specific HIV medicine daily to prevent getting HIV.

For more information, see the HIVinfo fact sheets on The Basics of HIV Prevention and Pre-Exposure Prophylaxis (PrEP).

Who should consider taking PEP?

PEP may be prescribed for people who are HIV negative or do not know their HIV status, and who in the last 72 hours:

- May have been exposed to HIV during sex
- Shared needles or other equipment (works) to inject drugs

- Were sexually assaulted
- May have been exposed to HIV at work

If you think you were recently exposed to HIV, talk to your health care provider or an emergency room doctor about PEP right away.

A health care worker who has a possible exposure to HIV should seek medical attention immediately.

When should PEP be started?

PEP must be started within 72 hours (3 days) after a possible exposure to HIV. The sooner PEP is started after a possible HIV exposure, the better. According to research, PEP will most likely not prevent HIV infection if it is started more than 72 hours after a person is exposed to HIV.

If you are prescribed PEP, you will need to take the HIV medicines every day for 28 days.

What HIV medicines are used for PEP?

The Centers for Disease Control and Prevention (CDC) provides guidelines on recommended HIV medicines for PEP. The CDC guidelines include recommendations for specific groups of people, including adults and adolescents, children, pregnant women, and people with kidney problems. The most recent PEP recommendations can be found on CDC's PEP resources webpage.

Your health care provider or emergency room doctor will work with you to determine which medicines to take for PEP.

How well does PEP work?

PEP is effective in preventing HIV infection when it is taken correctly, but it is not 100% effective. The sooner PEP is started after a possible HIV exposure, the better. Every hour counts. While taking PEP, it is important to keep using other HIV prevention methods, such as using condoms with sex partners and using only new, sterile needles when injecting drugs.

Does PEP cause side effects?

The HIV medicines used for PEP may cause side effects in some people. The side effects can be treated and are not life-threatening. If you are taking PEP, talk to your health care provider if you have any side effect that bothers you or that does not go away.

Provided in collaboration with NIH's Office of AIDS Research.

Profilaxis posexposición (PEP)

hivinfo.nih.gov/es/understanding-hiv/fact-sheets/profilaxis-posexposicion-pep

Última revisión: Agosto 19, 2021

Puntos importantes

- La profilaxis posexposición (PEP) significa tomar medicamentos contra el VIH dentro de las 72 horas posteriores a una posible exposición al VIH para prevenir la infección por VIH.
- La PEP debe usarse solo en situaciones de emergencia. No se destina como uso regular por las personas que pueden estar expuestas al VIH con frecuencia. La PEP no sustituye el uso regular de otros métodos de prevención del VIH.
- La PEP debe iniciarse dentro de las primeras 72 horas (los primeros 3 días) después de una posible exposición al VIH. Cuanto antes se inicie la PEP después de una posible exposición al VIH, mejor.
- Si se le receta PEP, usted tomará medicamentos contra el VIH a diario durante 28 días.

¿Qué es la PEP?

Las siglas PEP significan "profilaxis posexposición". La palabra "profilaxis" significa prevención o control de la propagación de una infección o una enfermedad. PEP significa tomar medicamentos contra el VIH dentro de las 72 horas (3 días) después de una posible exposición al VIH para prevenir la infección por este virus.

La PEP debe emplearse solamente en situaciones de emergencia. No es para uso regular por personas que pueden estar expuestas al VIH con frecuencia. No tiene por objetivo reemplazar el uso regular de otros métodos de prevención de la infección por el VIH, como el uso continuo de condones durante las relaciones sexuales o la profilaxis preexposición (PrEP). La PrEP significa que las personas en riesgo de contraer el VIH toman diariamente un medicamento específico contra el VIH para evitar contraer el virus. La PrEP es diferente de la PEP, ya que las personas en riesgo de contraer el VIH toman un medicamento específico contra el VIH todos los días para evitar contraer el VIH.

Para más información, consulte las hojas informativas de HIVinfo tituladas Conceptos básicos sobre la prevención de la infección por el VIH y Profilaxis preexposición (PrEP).

¿Quién debe considerar la posibilidad de recibir la PEP?

La PEP se podría recetar a personas que son VIH negativas o que desconocen su estado del VIH, y quienes en las ultimas 72 horas:

- Podrían haber estado expuestas al VIH durante las relaciones sexuales
- Compartieron agujas u otros dispositivos para inyectarse drogas
- Fueron agredidas sexualmente
- Podrían haber estado expuesto al VIH en el trabajo

Si cree que estuvo expuesto recientemente al VIH, hable de inmediato con su proveedor de atención médica o con un médico de la sala de emergencias acerca de la PEP.

Además, la PEP puede recetársele a un trabajador de salud después de una posible exposición ocupacional, por ejemplo, después de sufrir una lesión causada por un pinchazo con una aguja. Un trabajador de la salud que tenga una posible exposición al VIH debe buscar atención médica de inmediato.

¿Cuándo se debe empezar la PEP?

La PEP debe iniciarse dentro de las primeras 72 horas (los primeros 3 días) después de una posible exposición al VIH. Cuanto más pronto comience a tomarla después de una posible exposición al VIH, mejor será. Según las investigaciones, es muy probable que la PEP no prevenga la infección por el VIH si comienza a administrarse después de que hayan transcurrido más de 72 horas desde el momento de la exposición de una persona al virus.

Si le recetan PEP, deberá tomar los medicamentos contra el VIH todos los días durante 28 días.

¿Qué medicamentos contra el VIH se usan para la PEP?

Los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) proporcionan guías clínicas sobre los medicamentos contra el VIH recomendados para la PEP. Las guías clínicas de los CDC incluyen recomendaciones sobre la PEP para grupos específicos, tales como adultos y adolescentes, niños, mujeres embarazadas y personas con afecciones de los riñones. Las recomendaciones más recientes se pueden encontrar en la página web de los Recursos sobre la PEP de los CDC (disponible solamente en inglés).

Su proveedor de atención de salud o el médico de la sala de emergencia conversarán con usted para determinar qué medicamentos debe tomar para la PEP.

¿Qué tan bien obra la PEP?

La PEP es eficaz para prevenir la infección por el VIH cuando se toma correctamente, pero no tiene una eficacia de 100%. Cuanto más pronto comience a tomarla después de una posible exposición al VIH, mejor será. Mientras tome la PEP, es importante seguir usando otros métodos de prevención del VIH, como usar condones con parejas sexuales y usar solo agujas nuevas y estériles al inyectarse drogas.

¿La PEP causa efectos secundarios?

Los medicamentos contra el VIH que se usan en la profilaxis posexposición pueden causar efectos secundarios en algunas personas. Estos últimos pueden tratarse y no son potencialmente mortales. Si recibe PEP, hable con su proveedor de atención de salud si tiene algún efecto secundario molesto o que no desaparezca.

La hoja informativa precedente se basa en la correspondiente en inglés.

Véase también una colección de enlaces y recursos sobre el VIH en HIV Source.

Proporcionado en colaboración con la Oficina de Investigación del SIDA de los NIH

October 2022

PEP 101

If you may have been exposed to HIV* in the last 72 hours, talk to your health care provider, an emergency room doctor, or an urgent care provider about PEP right away.

PEP can reduce your chance of getting HIV after a possible exposure.

WHAT IS PEP?

- PEP, or post-exposure prophylaxis, means taking medicine to prevent HIV after a possible exposure.
- **PEP must be started within 72 hours (3 days) after you may have been exposed to HIV.** The sooner you start PEP, the better. Every hour counts!
- If your health care provider prescribes PEP, you'll need to take it daily for 28 days.
- PEP is effective in preventing HIV, but not 100%. Always use condoms with sex partners and use safe injection practices.

IS PEP RIGHT FOR YOU?

If you don't have HIV or don't know your HIV status, and in the last 72 hours you

- May have been exposed to HIV during sex (for example, if the condom broke),
- Shared needles, syringes, or other equipment to inject drugs, or
- Were sexually assaulted,

Talk to your health care provider, an emergency room doctor, or an urgent care provider about PEP right away.

CAN I TAKE PEP EVERY TIME I HAVE SEX WITHOUT A CONDOM?

- No. You should only use PEP in **emergency situations.**
- If you engage in behaviors that may increase your chances of getting HIV, talk to your health care provider about PrEP (pre-exposure prophylaxis).

** People are exposed to HIV by coming into contact with certain body fluids of a person with HIV, including blood, semen, and vaginal fluids. This usually happens through vaginal or anal sex or by sharing needles.*

Scan to learn more!

For more information, please visit **www.cdc.gov/hiv.**

Octubre de 2022

INFORMACIÓN BÁSICA SOBRE LA PEP

Si es posible que haya estado expuesto al VIH* en las últimas 72 horas, hable inmediatamente con su proveedor de atención médica, un médico de la sala de emergencias o un proveedor de atención médica urgente acerca de la profilaxis posexposición (PEP).

¿QUÉ ES LA PEP?

- PEP, o profilaxis posexposición, significa tomar medicamentos después de una posible exposición al VIH para prevenir infectarse.
- **La PEP se debe comenzar dentro de las 72 horas (3 días) después de la posible exposición al VIH**. Cuanto antes comience la PEP, mejor. ¡Cada hora cuenta!
- Si su proveedor de atención médica le receta la PEP, deberá tomar estos medicamentos a diario por 28 días.
- La PEP es eficaz para la prevención del VIH, pero no en un 100 %. Siempre use condones con sus parejas sexuales y practique hábitos de inyección seguros.

¿ES LA PEP ADECUADA PARA USTED?

Si usted no tiene el VIH o no sabe si lo tiene, y en las últimas 72 horas:

- estuvo posiblemente expuesto al VIH a través de una relación sexual (por ejemplo, si se rompió el condón),
- compartió con otras personas las agujas, jeringas, u otros equipos para inyectarse drogas, o
- ha sido víctima de una agresión sexual,

Hable inmediatamente con su proveedor de atención médica, un médico de la sala de emergencias o un proveedor de atención médica de urgencia acerca de la PEP.

¿PUEDO TOMAR LA PEP CADA VEZ QUE TENGA RELACIONES SEXUALES SIN CONDÓN?

- No. Solo debe usar la PEP en **situaciones de emergencia**.
- Si usted tiene comportamientos que podrían aumentar sus probabilidades de contraer el VIH, hable con su proveedor de atención médica sobre la PrEP (profilaxis prexposición).

** Las personas se exponen al VIH cuando tienen contacto con determinados líquidos corporales de una persona que tenga el VIH; estos líquidos incluyen la sangre, el semen y el flujo vaginal. Esto generalmente ocurre a través del sexo vaginal o anal, o al compartir agujas.*

¡Escanea para obtener más información!

Para obtener más información, visite la página **www.cdc.gov/hiv/spanish.**

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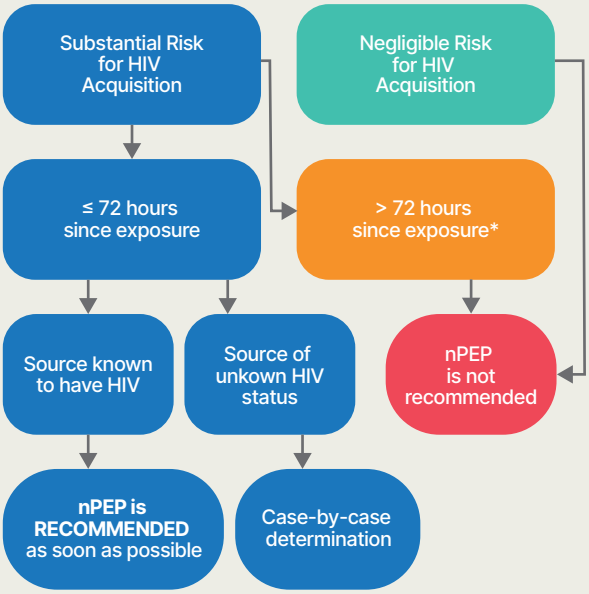
nPEP

Non-Occupational Post-Exposure HIV Prevention

Assessment, treatment, and follow-up recommendations for people with known or potential exposures to HIV and other infections. 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.

Risk Assessment



*Some clinicians would offer nPEP on a case-by-case basis.

Substantial Risk for HIV Acquisition

Exposure of: vagina, penis, rectum, eye, mouth or other mucous membrane, non-intact skin, or percutaneous contact

With: blood, semen, vaginal secretions, rectal secretions, breast milk, any body fluid that is visibly contaminated with blood

When: the source is known to have HIV

Negligible Risk for HIV Acquisition

Exposure of: vagina, penis, rectum, eye, mouth or other mucous membrane, non-intact skin, or percutaneous contact

With: urine, nasal secretions, saliva, sweat, tears (if visible blood, see "Substantial Risk for HIV Acquisition")

When: regardless of the known or suspected HIV status of the source

Laboratory Assessment

- **HIV Ag/Ab:** Rapid (point of care) 4th generation (Ag/Ab) test is preferred, but if not available, a rapid Ab test or a non-rapid lab-based HIV test should be done. If non-rapid testing is done, start nPEP immediately and arrange follow-up in 1-2 days for HIV results.
  - If the rapid HIV test is reactive (positive), the person should NOT be given nPEP, but should be offered immediate antiretroviral therapy (before being discharged) and should be linked to ongoing HIV care.
- **Gonorrhea (GC) and chlamydia (CT) NAAT:** Offer tests according to sites of sexual contact (e.g., swabs for oropharyngeal, rectal, vaginal sites; urine for urethral site).
  - For post-sexual assault patients, STI testing should be considered; empiric treatment should be provided whether or not STI testing is done.
- **Syphilis test:** RPR/VDRL or treponemal test
  - For post-sexual assault patients, STI testing should be considered; empiric treatment should be provided whether or not STI testing is done.
- **Urine pregnancy test** for persons at risk of pregnancy
- **Serum creatinine, ALT, AST**
- **Hepatitis B sAb, cAb, Ag**
- **Hepatitis C Ab**

Treatment

Adults and adolescents (≥13 years) see below. Regimens for children and people with reduced renal function are also available. **Contact the free National Clinician Consultation Center (NCCC) PEPline at 888-448-4911.**

If rapid HIV testing result is negative (non-reactive), or if lab-based test is sent and is pending, offer nPEP and as appropriate, STI treatment, emergency contraception, hepatitis B prophylaxis, and HPV vaccination:

- **HIV prophylaxis:** Administer first dose of nPEP on site as soon as possible after a negative rapid HIV test result is obtained or a non-rapid HIV test is sent.
- Tenofovir disoproxil fumarate (TDF)/emtricitabine (FTC) (Truvada) 300/200 mg + dolutegravir (Tivicay) 50 mg – 1 tablet of each PO daily x 28 days (2016 Guidelines)
  - Many providers prescribe tenofovir alafenamide (TAF)/FTC (Descovy) in place of TDF/FTC, and bictegravir in place of dolutegravir. Bictegravir is available as a coformulation with TAF/FTC (bictegravir/TAF/FTC, Biktarvy).
- If client is in the first trimester of pregnancy OR may become pregnant within the next 28 days: TDF/ FTC (Truvada) 300/200 mg 1 tab PO daily + EITHER dolutegravir (Tivicay) 50 mg 1 PO daily OR raltegravir (Isentress) 400 mg 1 tab PO twice a day.
  - The use of dolutegravir at conception and in very early pregnancy has been associated with a small, but not statistically significant, increase in the risk of fetal neural tube defects (see package insert).
- Truvada should not be used for those with CrCl less than 60 mL/min; an alternative regimen must be used in those circumstances.
- **Sexually transmitted GC, CT, and trichomonas empiric treatment:** offer to all with sexual exposures (oral, vaginal, or rectal exposures)
  - **GC:** Ceftriaxone (500 mg IM x 1 [1,000 mg IM for persons weighing ≥ 150 kg]) is the recommended treatment for GC and should not be substituted with another antibiotic unless there are clear contraindications (see CDC 2021 STI Treatment Guidelines for alternative).
  - **CT:** doxycycline 100 mg PO twice/day x 7 days (or if pregnant, azithromycin 1 gram PO x 1)
  - If risk of **vaginitis:** metronidazole 2 grams PO x 1
- **Emergency contraception:** Offer to persons at risk of pregnancy with a negative pregnancy test.
- **Hepatitis B prophylaxis:** Administer 1 dose of hepatitis B vaccine to persons not previously vaccinated or incompletely vaccinated. If the exposure source is available for testing and is HBsAg positive, unvaccinated exposed persons should be given both hepatitis B vaccine and hepatitis B immune globulin during the initial nPEP evaluation. Follow-up dose(s) of hepatitis B vaccine should be administered according to the vaccine prescribing information. Previously vaccinated exposed persons who did not receive postvaccination testing should be provided a single hepatitis B vaccine booster dose.
- Prophylaxis against hepatitis C is not recommended.
- **HPV vaccination:** For those aged 9 to 45 years inclusively, offer HPV vaccination dose if not adequately vaccinated previously (see Gardasil package insert).

Patient Education

- Possible nPEP drug side effects: nausea, GI upset, headache, myalgias
- Possible nPEP drug interactions: antacids, calcium, iron supplements
- Stress the importance of adherence to the nPEP regimen for 28 days, without interruption
- For those with ongoing risk of HIV infection, offer PrEP initiation immediately after completion of the 28-day course of nPEP

Follow-up

- Follow-up should be scheduled at 72 hours and 4-6 weeks after initiating nPEP
- HIV Ag/Ab test after initial non-reactive test
- Syphilis test at 4-6 weeks and 3-6 months after exposure
- HBV and HCV serology tests at 6 months after initial non-reactive test if susceptible at baseline

Visit the AETC National Coordinating Resource Center at **aidsetc.org/npep** for additional resources, references, and provider assistance links.

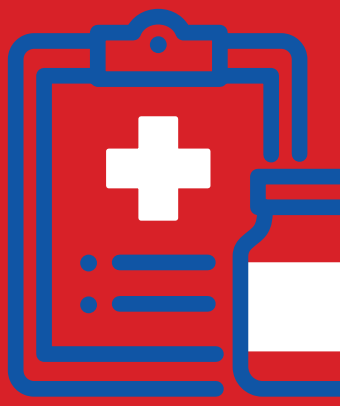
AIDS Education and Training Centers Program. November 2021.

AETC AIDS Education & Training Center Program

nPEP Myths and Facts

(Non-occupational Post-Exposure Prophylaxis)

When started within 3 days of a potential exposure, nPEP is a safe and proven standard for prevention of HIV infection. See the AETC NCRC nPEP Prescribers Guide for assessment and treatment details.



MYTH	FACT	
There's no rush	**Sooner is better**	To be most effective, nPEP should be started as soon as possible after the exposure, but generally not later than 72 hours after the exposure. Ideally, the first dose should be taken within 1-2 hours after the exposure.
It requires special training	**Any prescriber can manage nPEP**	Medical providers (MD, DO, NP, PA, PharmD) with prescribing authority can initiate nPEP and provide follow-up care.
The medications are toxic	**Today's medications are well tolerated**	ARV medications currently used for nPEP are well tolerated, have milder side effects than former regimens, and are highly effective if used as recommended. In general, the benefit of nPEP far outweighs the risk of possible medication related side effects.
It's expensive	**There are assistance programs for most patients**	Although nPEP medications are expensive, they can be obtained at no cost for MOST patients regardless of insurance status. These programs are easy to access, and eligible individuals are often approved immediately.
It's an urban issue	**It's an issue everywhere**	The decision to use nPEP should be based on the acquisition risk and NOT on the HIV prevalence in a specific region.
It encourages risky behavior	**There are HIV prevention options for people with ongoing risk**	If someone uses nPEP multiple times, and/or is at ongoing risk for acquiring HIV, discuss starting pre-exposure prophylaxis (PrEP) after completion of nPEP.

National Clinician Consultation Center nPEP Warmline

888-HIV-4911 (888-448-4911)

Hours of operation for free nPEP clinician-to-clinician consultation:
9am-8pm ET Monday - Friday, & 11am-8pm ET on weekends & holidays.

https://aidsetc.org/npep January 2022

AETC AIDS Education & Training Center Program

Post-Exposure Prophylaxis (PEP)

cdc.gov/hiv/clinicians/prevention/pep.html

Today, prescription medications provide an effective tool to prevent HIV. Patients at high risk for HIV may be able to take advantage of newer medicines prescribed by their healthcare providers for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

PEP is the use of antiretroviral medication to prevent HIV infection in an HIV-negative person who has had a specific high-risk exposure to HIV. Such an exposure typically occurs through sex or sharing syringes (or other injection equipment) with someone who has or might have HIV. Exposure to HIV is a medical emergency, because HIV establishes infection very quickly, often within 24 to 36 hours after exposure. Health care providers should evaluate persons rapidly for PEP when care is sought within 72 hours after a potential exposure.

What are the guidelines for prescribing PEP?

Post-Exposure Prophylaxis guidelines published in 2005 were updated in April of 2016. The update incorporates additional evidence about the use of PEP from animal studies and human observational studies, as well as consideration of new antiretroviral agents introduced after the publications of the last Guidelines. One key change from the 2005 recommendations is a new, more effective preferred drug regimen that has fewer side effects.

Which types of exposure warrant PEP?

PEP initiation should be considered in people whose vagina, rectum, eye, mouth or other mucuous membrane, non-intact skin, or perforated skin (eg, needle stick) come into contact with potentially contaminated body fluids from an HIV-infected source, as long as exposure has occurred within a 72-hour window. (If the source is of unknown HIV status, a case-by-case determination may be made.)

Who can prescribe PEP?

Any licensed prescriber can prescribe PEP. Emergency medicine physicians are among the most frequent prescribers of PEP, given the need for immediate treatment after exposure. Clinicians working in ambulatory care practices can also ensure that their non-HIV-infected patients who report risk behavior are aware of PEP, and know how to access it.

What is the recommended PEP regimen?

All persons offered PEP should be prescribed a 28-day course of a 3-drug antiretroviral regimen. Since adherence is critical for PEP efficacy, it is preferable to select regimens that minimize side effects, number of doses per day and the number of pills per dose.

The preferred PEP regimen for otherwise healthy adults and adolescents is tenofovir disoproxil fumarate (TDF) (300 mg) + emtricitibine (FTC) 200 mg) once daily PLUS raltegravir (RAL) (400 mg) twice daily or dolutegravir (DTG) (50 mg) once daily).

Is PEP safe?

The current preferred regimen is generally safe and well tolerated. Patients usually experience only mild side effects on the preferred PEP regimen. Most importantly, PEP is only taken for 28 days. In almost all cases, the benefits of HIV prevention outweigh any other risks posed by the medication. In a meta-analysis of 24 PEP-related studies, including 23 cohort studies and 1 randomized clinical trial, nausea, vomiting, diarrhea and fatigue were the most commonly reported side effects.

Who is not eligible for PEP?

- PEP is only indicated for potentially exposed people without HIV infection.
- PEP is unlikely to be effective in people who have been exposed more than 72 hours before seeking medical assistance.
- PEP should be provided only for infrequent exposures. People who engage in behaviors that result in frequent, recurrent exposures to HIV should be considered for intensive sexual or injection risk-reduction interventions and pre-exposure prophylaxis (PrEP) with daily oral doses of combination TDF+FTC (Truvada®). However if the most recent recurring exposure is within the 72-hour window prior to an evaluation, PEP may be indicated with transition of the patient to PrEP after completion of 28 days of PEP medication.

What baseline assessment is required for individuals beginning PEP?

Guidelines recommend the following baseline screening before initiating PEP:

- HIV rapid test at baseline. If baseline rapid test indicates existing HIV infection, PEP should not be started. However, if rapid HIV baseline test is not available, there should be no delay in starting PEP. Oral HIV tests are not recommended for use among persons being evaluated for PEP.
- Pregnancy test (if a woman is of reproductive age, not using highly effective contraception, eg IUDs or other long-active reversible contraceptives (LARCs), oral contraceptives, or properly used condoms, and with vaginal exposure to semen).
- Serum liver enzymes
- BUN/creatinine

- STI screening
    Persons being evaluated for PEP because of a sexual encounter should have STI-specific nucleic acid amplification (NAAT testing) for chlamydia and gonorrhea, and a blood test for syphilis
- Hepatitis B testing, including hepatitis B surface antigen, surface antibody, and core antibody
- Hepatitis C (HCV) antibody

Note: The first dose of PEP should always be expedited; testing can wait until after PEP has been initiated.

What additional support is required for patients on PEP?

Providers should maintain contact with their patients on PEP, either by telephone or in a clinic visit for the entire duration of PEP. This is both to ensure adherence and to facilitate follow-up HIV testing at 30 and 90 days to determine if HIV infection has occurred. Additionally, people whose sexual or injection-related exposures result in concurrent acquisition of HCV and HIV infection might have delayed HIV seroconversion.

Will PEP be covered by my patients' health insurance?

In many states, PEP is covered by insurance, including Medicaid. If the patient is not covered under insurance, there are assistance programs run by various manufacturers.