

## **SITUATIONS FOR WHICH EXPERT\* CONSULTATION FOR HIV POSTEXPOSURE PROPHYLAXIS IS ADVISED**

### **Delayed Exposure Report** (later than 24-36 hours)

The interval after which there is no benefit from postexposure prophylaxis (PEP) is undefined.

### **Unknown Source** (for example, needle in sharps disposal container or laundry)

- Decide use of PEP on a case-by-case basis
- Consider the severity of the exposure and the epidemiologic likelihood of HIV exposure
- Do not test needles or other sharps instruments for HIV

### **Known or Suspected Pregnancy in Exposed Person**

- Does not preclude the use of optimal PEP regimens
- Do not deny PEP solely on the basis of pregnancy

### **Resistance of Source Virus to Antiretroviral Agents**

- Influence of drug resistance on transmission risk is unknown
- Selection of drugs to which the source person's virus is unlikely to be resistant is recommended, if the source person's virus is known or suspected to be resistant to one or more ( $\geq 1$ ) of the drugs considered for the PEP regimen
- Resistance testing of the source person's virus at the time of the exposure is not recommended

### **Toxicity of Initial PEP Regimen**

- Adverse symptoms, such as nausea and diarrhea are common with PEP
- Symptoms often can be managed without changing the PEP regimen by prescribing antimotility or antiemetic agents
- Modification of dose intervals (that is, administering a lower dose of drug more frequently throughout the day, as recommended by the manufacturer), in other situations, might help alleviate symptoms

**\*Local experts and/or the National Clinicians' Post-Exposure Prophylaxis Hotline PEP line: 1-888-448-4911.**