



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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Dear Medical Provider:

Post-exposure prophylaxis (PEP) to prevent HIV infection is a proven, yet underutilized method of preventing new cases of HIV infection. This letter is written to disseminate the updated 2014 New York State Department of Health (NYSDOH) clinical guidelines and to encourage clinical providers across NYS to be vigilant in identifying cases where PEP may be prescribed to prevent HIV infection.

Exposure to HIV is a medical emergency. Given a brief window of opportunity, health care providers must act quickly to recommend and initiate PEP in cases where a patient has had a recent significant exposure that could lead to HIV infection. It is important to note that the current regimen used in PEP is more effective and better tolerated than previous regimens. Clinical providers should triage patients who may require PEP as urgent cases because PEP should ideally be initiated within two hours and no later than 36 hours after exposure. A best practice is to administer the first dose of PEP while conducting a baseline evaluation to establish that the patient: 1) is not already HIV-infected; and, 2) has a high risk of exposure to HIV.

Below are links to the updated clinical guidelines for prescribing PEP and other resources available from the NYSDOH to support the provision of PEP:

- [2014 Clinical Guidelines: HIV Prophylaxis Following Non-Occupational Exposure](#)
- [Mobile Clinical Decision Making Tool: PEP Following Non-Occupational Exposure including Sexual Assault](#)
- [NYS Payment Options and Patient Assistance Programs for PEP](#)
- [Consumer Brochure: I Might Have Been Exposed to HIV](#)
- For assistance with prescribing PEP, clinicians can call the CEI Line 24/7 at 1-866-637-2342.

Highlights from the updated 2014 clinical guidelines include:

Types of Exposures for Which PEP Should Be Recommended:

- Receptive and insertive vaginal or anal intercourse with a person known to be HIV positive or whose HIV status is unknown;
- Needle sharing;
- Injuries with exposure to blood or other potentially infected fluids from a source known to be HIV-infected or HIV status is unknown.

HIV Testing and Management

- HIV testing should be offered at baseline and repeated at four weeks and 12 weeks;
- A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the exposure; testing at six months post-exposure is no longer recommended;
- Plasma HIV RNA testing of the source person is recommended in addition to HIV serologic screening when possible; PEP should be initiated and continued in these situations until results of the plasma HIV RNA assay are available.

Timing of Initiation of PEP

- PEP should be initiated as soon as possible, ideally within two hours and no later than 36 hours after exposure;
- Providers may decide to initiate PEP more than 36 hours after exposure on a case-by-case basis, but the efficacy of PEP diminishes with delayed initiation.

Drug Regimen

- The recommended 28-day, three-drug PEP regimen for all types of exposure includes Tenofovir 300 mg PO daily + Emtricitabine 200 mg PO daily Plus Raltegravir 400 mg PO twice daily **or** Dolutegravir 50mg PO daily. AZT is no longer included in the preferred regimen;
- Contraindications: The only absolute contraindications to PEP are if the patient is allergic to one of the medications being prescribed or if the patient is already HIV+.

Ensuring Supply of Drug Regimen

- **Starter packs with a three to five day supply of medication should be available on-site for rapid initiation of treatment, and arrangements should be made for continuation of treatment.**

Care Coordination

- **The prescribing clinician should ensure that the exposed person has access to the full 28-day recommended course of antiretroviral medications.**
- If the patient is unable to pay for medications or has large co-pays, view this link for assistance [NYS Payment Options and Patient Assistance Programs for PEP](#)
- **Linkage to care for assessment of treatment adherence, side effects of treatment, interval physical complaints, and emotional status is important to maximize successful treatment outcomes.**
- For a directory of HIV experienced providers http://www.health.ny.gov/diseases/aids/providers/testing/dac_clinic_contacts.htm

Patient Counseling

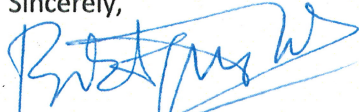
- Emphasize the importance of adherence for the full 28-day course.
- Advise patients to reduce their risk of transmitting HIV to others by using condoms during sex and by not breastfeeding or sharing injection equipment until the 12-week HIV test indicates the person is not infected with HIV.

Discuss Pre-Exposure Prophylaxis with Patients who Engage in Ongoing High Risk Behaviors

- If a patient presents with repeated high risk behavior or has been prescribed more than one course of PEP, discuss pre-exposure prophylaxis (PrEP) after completion of the 28-day PEP regimen. To access clinical guidance for PrEP visit [PrEP Clinical Guidance](#)

In closing, increased utilization of PEP can make a significant contribution towards meeting New York's goal of reducing the number of new HIV infections from about 3,000 in 2012 to under 750 by the year 2020. I urge you to join us in this important effort to end the epidemic in New York.

Sincerely,



Bruce Agins, MD, MPH
Medical Director
AIDS Institute