

Appendix C – NYS Department of Health Updated Clinical Guidelines for HIV Post-Exposure Prophylaxis

As of October, 2014, the New York State Department of Health updated its recommendations on HIV post-exposure prophylaxis following an occupational exposure.

What's New – October 2014 Update

- The Medical Care Criteria Committee now recommends **tenofovir + emtricitabine* plus either raltegravir or dolutegravir** as the **preferred initial PEP regimen** because of its excellent tolerability, proven potency in established HIV infection, and ease of administration. **Zidovudine is no longer recommended** in the preferred PEP regimen because it is believed to have no clear advantage in efficacy over tenofovir while having significantly higher rates of treatment-limiting side effects.
- **Plasma HIV RNA testing of the source patient** is recommended in addition to HIV serologic screening in the following settings; PEP should be continued in these situations until results of the plasma HIV RNA assay are available:
 - If the source patient's HIV screening result is negative but there has been a risk for HIV exposure in the previous 6 weeks
 - If the source patient's HIV screening result is positive but the confirmatory antibody-differentiation assay is nonreactive or indeterminate
- The Committee continues to recommend the following from the from the October 2012 Update:
 - **Occupational exposures require urgent medical evaluation.** The Committee further emphasizes recommendations regarding the **importance of initiating occupational PEP as soon as possible, ideally within 2 hours of exposure.** A first dose of PEP should be offered while evaluation is underway. PEP should not be delayed while awaiting information about the source patient or results of the exposed worker's baseline HIV test.
 - This guideline incorporates **amendments to [New York State regulations \(10 NYCRR part 63\)](#)** regarding testing of source patients and access to HIV-related information after occupational exposures (see [Appendix C](#)).
 - **Baseline HIV testing of the exposed worker should always be obtained after an occupational exposure**, even if the exposed worker declines PEP.
 - Regardless of whether the exposed worker accepts or declines PEP treatment, **if the post-exposure evaluation determines that PEP is indicated, repeat HIV testing at 4 weeks and 12 weeks** should be obtained. A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the occupational exposure; **routine testing at 6 months post-exposure is no longer recommended.**
 - [Appendix B](#) includes an updated comparison of occupational PEP recommendations from the New York State Department of Health AIDS Institute and the Centers for Disease Control and Prevention.

* Lamivudine may be substituted for emtricitabine.

The full NYS Department of Health clinical guidelines for HIV post-exposure prophylaxis for healthcare workers can be found at: <http://www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-occupational-exposure/>