Summary of Guideline Recommendations

Recommendations relating to Human Immunodeficiency Virus (HIV) exposures

HIV PEP is recommended in the following instances:

Exposure type	Recommendation	GRADE
Occupational exposures	Please see the needlestick exposures and mucosal splash exposures algorithms. Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis (PEP) is **recommended** following a **high-risk occupational exposure** (sharps or mucosal splash) if the index case is known to be living with HIV and is not on antiretroviral therapy (ART) for at least 6 months, with a suppressed viral load within the last 6 months. Please see also table 7 *HIV PEP recommendations by type of exposure and source status*.	1C
Sexual exposures	Please see the sexual exposures algorithm. HIV PEP is **recommended** following sexual exposure where there is a significant risk of HIV transmission. For HIV PEP recommendations by type of exposure and source status, please see table 7 *HIV PEP recommendations by type of exposure and source status*.	1C
Shared Injecting Paraphernalia	HIV PEP is **recommended** for people who inject drugs (PWID) (including gbMSM who inject ("slam") "Chems"[*]) after sharing needles/equipment if their index injecting partner is living with HIV AND has NOT been on ART for at least 6 months, with an undetectable plasma HIV viral load (at the time of last measurement and within the last 6 months) AND with good reported adherence	1C

HIV PEP is generally not recommended in the following instances:

Exposure type	Recommendation	GRADE
Occupational exposures	Please see the needlestick exposures and mucosal splash exposures algorithms. HIV PEP is **generally NOT recommended** following a **sharp or mucosal splash exposure** if the index case is untested AND considered part of a group with higher HIV prevalence than the general population (e.g. gay, bisexual, and other men who have sex with men (gbMSM) or people who inject with drugs (PWID), unless there were other factors that increased likelihood of transmission (e.g. a deep exposure or blood bolus injected or a sharps exposure from a PWID particularly in	1C

[*] Gay, bisexual and other men who have sex with men (gbMSM) should be specifically asked about chemsex and injecting drug use.

	the context of a local outbreak). Please see also table 7 *HIV PEP recommendations by type of exposure and source status*.	
Human bite	HIV PEP is **generally NOT recommended** following a human bite. HIV PEP **should only be prescribed** where all four of the following criteria are met: 1. It is within 72 hours of the exposure 2. There was deep tissue exposure 3. The biter was, with complete certainty, bleeding from their mouth prior to the bite 4. The biter is known or suspected to have a detectable HIV viral load. If all four criteria are met, HIV PEP is indicated. Outside of this, HIV PEP should not be prescribed without discussion with a physician specialising in HIV, where it may be considered in rare extreme cases.	2D
Shared Injecting Paraphernalia	HIV PEP is **generally NOT recommended** in PWID after sharing needles/equipment with an injecting partner of unknown HIV status from a group with higher HIV prevalence than the general population, but HIV PEP can be considered on a case-by-case basis.	2D

HIV PEP is NOT recommended in the following instances:

Exposure type	Recommendation	GRADE
Occupational exposures	HIV PEP is **NOT recommended** following a **sharps exposure** if the index case is known to be living with HIV AND has been on ART for at least 6 months with an undetectable HIV viral load (at the time of last measurement and within the previous 6 months) AND reported good adherence, table 7 *HIV PEP recommendations by type of exposure and source status*. However due to a lack of direct evidence, a case by case decision can be made depending on the nature of the exposure.	2C
	HIV PEP is **NOT recommended** following a **mucosal splash exposure** if the index case is known to be living with HIV AND has been on ART for at least 6 months with an undetectable plasma HIV viral load (at the time of last measurement and within the last 6 months) AND with good reported adherence. HIV PEP is **NOT recommended** where there is no or negligible risk of HIV transmission (e.g. through intact skin that comes into contact with HIV infected blood or other bodily fluids).	1C
	HIV PEP is **NOT recommended** following a sharps or mucosal splash exposure if the index case is untested but from a low risk group (see	1C

	table 7 *HIV PEP recommendations by type of exposure and source status.*)	
Sexual exposures	HIV PEP is **NOT recommended** if the index partner has been on ART for at least 6 months with an undetectable plasma HIV viral load (at the time of last measurement and within the last 6 months) AND with good reported adherence. For HIV PEP recommendations by type of exposure and source status, please see table 7 *HIV PEP recommendations by type of exposure and source status.*	1A
Needlestick exposure from a discarded needle in the community	HIV PEP is **NOT recommended** following a needlestick exposure from a discarded needle in the community.	2D

Recommendations relating to Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Tetanus exposures

Hepatitis B	Current recommendations relating to vaccination for HBV post-exposure prophylaxis can be found in Section 9.7 of Chapter 9 of the NIAC guidelines. If HBIG is required, it should ideally be given within 48 hours of exposure, but not later than one week after exposure.
Hepatitis C	There is no recommended post-exposure prophylaxis for Hepatitis C Virus (HCV). [126] Treatment of early HCV infection has been shown to be highly effective in achieving cure. HCV Ag or HCV RNA test should be carried out on the recipient at six weeks, 12 weeks and six months after the exposure incident
Tetanus	Tetanus Immunoglobulin (TIG) is recommended as post-exposure prophylaxis for those with tetanus prone wounds who meet the following criteria: • Not adequately vaccinated or immunisation status not known (please see Chapter 21 of the NIAC Guidelines). • Are immunocompromised, even if fully immunised. For current recommendations regarding immunisation for tetanus post-exposure prophylaxis, please see Chapter 21 of the NIAC Guidelines. If both TIG plus a vaccine are to be given, administer at separate sites.

List of Algorithms

List of Tables