Post-Exposure Prophylaxis (PEP) for the Prevention of HIV After Exposure

Recommendations from the Michigan Department of Health and Human Services Bureau of HIV and STI Programs

Revised May 2026

This document was developed by the Michigan Department of Health and Human Services (MDHHS) for health care providers who may encounter individuals who could benefit from post-exposure prophylaxis (PEP) following a potential exposure to human immunodeficiency virus (HIV). MDHHS recognizes that antiretroviral (ARV) therapy initiated soon after a potential exposure to HIV may, in certain circumstances, prevent HIV acquisition. Therefore, pursuant to recommendations made by the U.S. Centers for Disease Control and Prevention (CDC), MDHHS strongly encourages the utilization of ARV PEP in the event of a potential exposure to HIV.

To facilitate the implementation of this recommendation, MDHHS encourages all institutions that may encounter individuals requesting PEP (e.g., emergency departments, urgent care clinics, sexual health clinics, primary care and family practice facilities, etc.) to develop clear protocols for the management of PEP. These protocols should clearly establish standards for timely clinical assessment, treatment, counseling, medication access and follow-up requirements.

Exposure to HIV that poses a chance for transmission is a **medical emergency.** PEP is most effective when started **as soon as possible** following a potential exposure. Effectiveness decreases over time, so PEP is generally not recommended after 72 hours. Initiation should not be delayed in order to obtain baseline HIV testing results or for additional evaluation. PEP can be stopped later if the person is found to already be living with HIV or if the source of the exposure is determined not to have HIV.

What is PEP?

HIV post-exposure prophylaxis, also known as PEP, is the provision of ARV medications after an isolated occupational or nonoccupational exposure to HIV in order to reduce a person's chances of acquiring HIV. While clinical management is similar, this document focuses on PEP utilization for nonoccupational exposures. Health care facilities are encouraged to have clear protocols for the management of PEP for both scenarios.

For additional information regarding HIV PEP for occupational exposures, please visit 2025 US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis in Healthcare Settings (doi.org/10.1017/ice.2025.10254).

Examples of potential occupational post-exposure prophylaxis (oPEP) use cases:

- Percutaneous exposure to blood that may contain HIV (e.g., accidental needlestick, injury from contaminated sharps, etc.).
- Mucous membrane exposure to body fluids that may contain HIV (i.e., blood, semen, pre-seminal fluid, vaginal secretions, rectal secretions, breast milk or any other fluids contaminated with blood).

Examples of potential nonoccupational post-exposure prophylaxis (nPEP) use cases:

- Condomless sex (due to lapse in use or condom misuse/failure) with a serodiscordant partner or a partner with unknown HIV status.
- Sharing of injection equipment or accidental needlestick injury in a nonoccupational setting.
- Bite wounds resulting in blood exposure.
- Cases of sexual assault.

PEP should be started **as soon as possible,** and no later than 72 hours, following a known or potential exposure. ARV medications are available only with a prescription from a licensed provider. Selected medication regimens should prioritize safety/efficacy and have minimal adverse effects.

Preferred PEP Regimens for Healthy Adults

<u>Single-Tablet Regimen:</u>
Bictegravir (BIC) 50mg / Tenofovir Alafenamide (TAF) 25mg / Emtricitabine (FTC) 200mg PO once daily for 28 days

<u>Multi-Tablet Regimen:</u>
Dolutegravir (DTG) 50mg + [Tenofovir Alafenamide (TAF) 25mg *<u>OR</u>* Tenofovir Disoproxil Fumarate (TDF) 300mg] + [Emtricitabine (FTC) 200mg *<u>OR</u>* Lamivudine (3TC) 300mg] PO once daily for 28 days

If the patient is pregnant or trying to conceive: The preferred medications have been used safely for pregnant individuals with HIV, providing reassurance for its safety in pregnant individuals who require PEP. Counseling should include risks and benefits of prophylaxis for both maternal and fetal health. Seek consultation with an HIV expert for any questions or concerns.

If the patient has impaired renal function: TDF/FTC regimens should not be utilized for individuals with a CrCl < 60mL/min. TAF/FTC regimens should not be utilized for individuals with a CrCl < 30mL/min. Seek consultation with an HIV expert for any questions or concerns.

Seek consultation with an HIV expert for assistance with selecting an alternative PEP regimen in cases where preferred regimens are contraindicated or unavailable.

*For immediate, free clinical consultation with an HIV expert, please call the **MDHHS/Henry Ford HIV Consultation Line** at **313-575-0332**.*

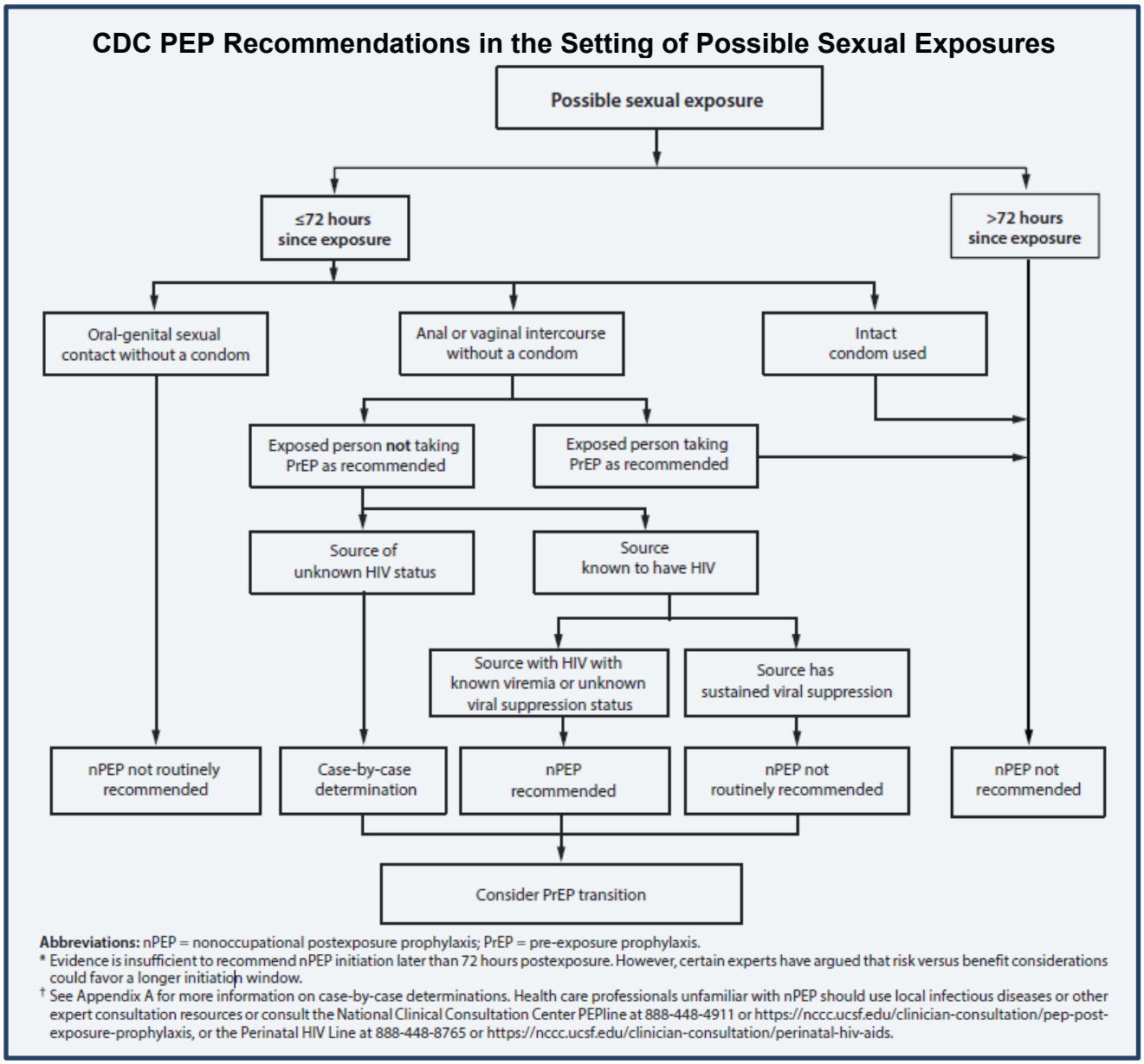
In the event of a pediatric exposure, please consult a pediatric HIV specialist.

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Email: emcgrath@med.wayne.edu; Consultation Line (available 24/7): **248-840-4785**

Note: All pediatric exposures should be assessed for indications of abuse, sexual assault and other signs of risk for harm. Health care professionals should be familiar with child protection requirements and mandated reporting laws.

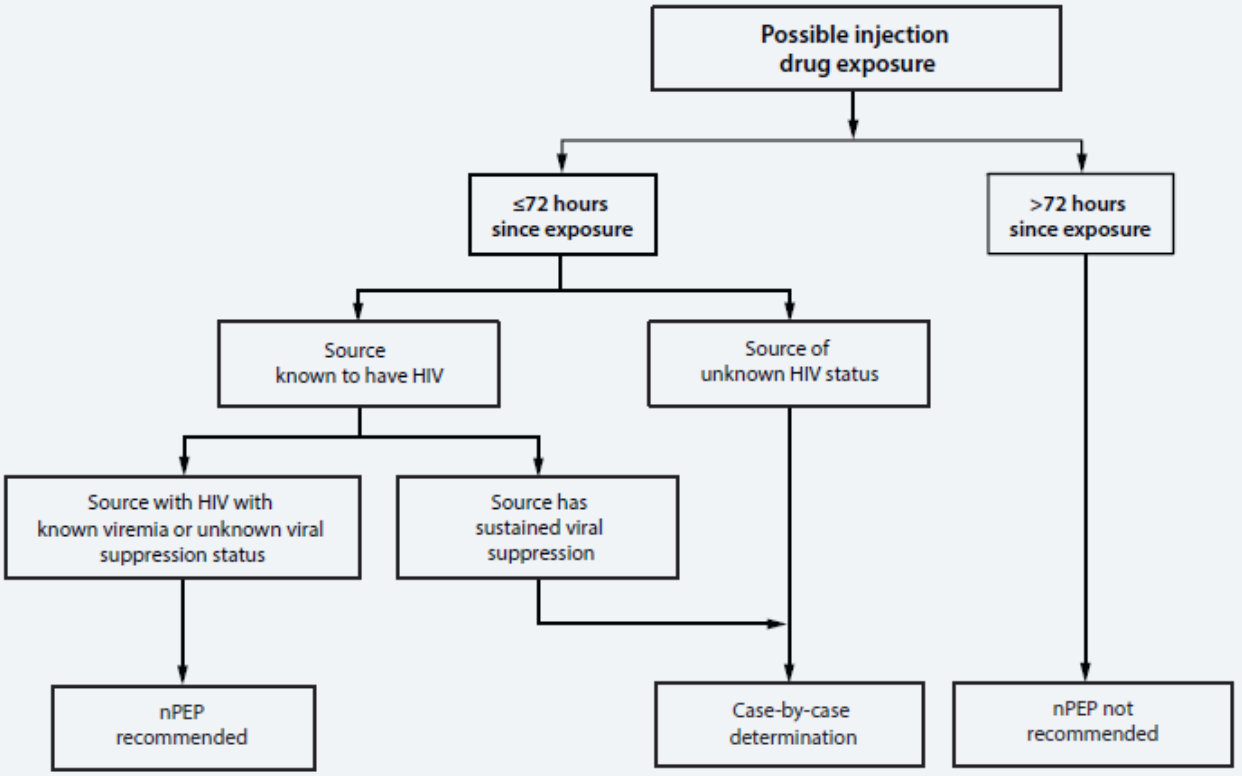
HIV PEP Indications

PEP is recommended for individuals without HIV who have experienced a potential exposure within the past 72 hours that presents a substantial risk for HIV transmission. Assessing the likelihood of HIV transmission resulting from an exposure should include consideration of the potential source (e.g., HIV status, level of viremia), details of the exposure (e.g., body fluids involved, exposure site), and utilization of any prevention strategies (e.g., barriers to body fluid exposure, HIV pre-exposure prophylaxis (PrEP) utilization).



NOTE: nPEP may be considered in certain scenarios, including 1) persons who have recently started PrEP and might not have yet reached maximum protection, 2) persons who have missed PrEP doses, 3) persons using an intermittent regimen outside of current CDC PrEP guideline recommendations, and 4) persons with exposure to a source without sustained viral suppression and resistance to PrEP components.

CDC PEP Recommendations in the Setting of Possible Injection Drug Use



Abbreviation: nPEP = nonoccupational postexposure prophylaxis.
* See Appendix A for more information on case-by-case determinations. Health care professionals unfamiliar with nPEP should use local infectious diseases or other expert consultation resources or consult the National Clinical Consultation Center PEPline at 888-448-4911 or https://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis, or the Perinatal HIV Line at 888-448-8765 or https://nccc.ucsf.edu/clinician-consultation/perinatal-hiv-aids.

NOTE: Possible HIV exposures associated with injection drug use can occur as result of sharing needles, syringes and other drug injection equipment that result in exposure to the source's blood. In addition, sharing of injection equipment for other purposes (e.g., cosmetic injections, hormone injections, tattoo/piercing equipment, etc.) can result in potential exposure to HIV and should also be considered when assessing PEP eligibility.

Time to Initiation of HIV PEP

Exposure to HIV that poses a chance for transmission is a **medical emergency**. Immediate assessment with rapid initiation of PEP is critical in reducing the likelihood of seroconversion. To ensure greatest efficacy, PEP should be offered **as soon as possible** after exposure and initiated no later than 72 hours following exposure. PEP is generally not recommended for persons seeking care more than 72 hours after exposure.

Persons reporting a recent exposure to HIV may present to a wide range of clinical settings (e.g., HIV/STI clinics, emergency departments, urgent care clinics, primary care and family practice offices, etc.). MDHHS encourages all institutions that may see patients with indications for PEP to develop clear protocols that emphasize the need for priority evaluation and prompt initiation of PEP.

PEP Assessment and Counseling

Clinicians should communicate PEP recommendations simply and clearly with consideration for a patient's emotional state and ability to comprehend the nature of antiretroviral treatment. Counseling regarding PEP initiation should include the following:

- Likelihood that the person was exposed to HIV and the possibility of transmission.
- Indications and timeline for PEP.
- Potential benefits of PEP to prevent HIV acquisition.
- Potential risks of proposed PEP regimens (e.g., review of medical comorbidities, potential medication interactions, allergies).
- How/when to take PEP medication.
- Importance of taking the first dose as soon as possible, taking the medication daily and taking the full course unless instructed to stop by a health care provider.
- What to do if a dose of PEP is missed.
- Recommended baseline laboratory testing.
- Importance of follow-up visits and laboratory testing.
- Plans to access the full 28-day supply of PEP medication.
- Evaluation and problem-solving regarding protentional barriers to care (e.g., medication access/cost, adherence concerns, transportation difficulties, etc.).
- Signs and symptoms of acute HIV infection.
- Recommendations to reduce the possibility of HIV transmission if the patient acquires HIV during the PEP period (e.g., avoiding condomless sex, avoiding sharing injection equipment, etc.).
- Transition to PrEP and/or other HIV/STI prevention services.

For additional HIV prevention information and resources, please visit Michigan.gov/HIVSTI.

Baseline Laboratory Testing for PEP

Clinicians should conduct baseline laboratory testing to exclude pre-existing HIV, obtain renal and liver function tests, identify and clinically manage any pre-existing sexually transmitted infections (STIs) and hepatitis, and evaluate other conditions to ensure selection of the safest, most appropriate PEP medication regimen.

The provider who obtains baseline HIV testing is responsible for ensuring results are clearly communicated to the patient unless that responsibility is delegated to Partner Services staff at the local health department or to the clinician providing follow-up care if previously agreed.

PEP should be offered as soon as possible after exposure and initiated no later than 72 hours following exposure. The initial dose **should NOT be delayed** while awaiting the results of laboratory testing. PEP medications can be modified or stopped once laboratory results are received.

Recommended Baseline Labs

- HIV testing using a rapid point-of-care or laboratory-based Ag/Ab test. If a rapid point-of-care test is used, then a laboratory-based Ag/Ab test is also recommended due to increased sensitivity for detecting HIV.
    - Some providers may include HIV RNA testing, especially if the person has recently taken oral ARVs or received injectable PrEP in the past year. HIV RNA testing has increased sensitivity (compared to Ag/Ab tests) and the shortest time to detection, however, it is not without its barriers (e.g., access issues, increased cost, etc.).
- Serum creatinine for determination of estimated creatinine clearance.
- Serum alanine transaminase (ALT) and aspartate aminotransferase (AST).
- Hepatitis B serology.
    - Existing hepatitis B virus (HBV) infection is not a contraindication for PEP. Some PEP medications are active against HBV and abrupt withdrawal can lead to a hepatitis B flare. Closer monitoring and clinical consultation are recommended.
- Hepatitis C antibody testing with reflex to HCV RNA testing.
- Syphilis serology.
- Chlamydia NAAT at any exposure sites (e.g., pharynx, rectum, vagina).
- Gonorrhea NAAT at any exposure sites (e.g., pharynx, rectum, vagina).
- Pregnancy testing for all women of childbearing protentional who are not known to be pregnant.

Follow-up Visits and Laboratory Testing

When possible, an individual starting PEP should be linked to an infectious disease (ID) provider or HIV expert within 24 hours of PEP initiation. This allows for a review of the decision to start PEP, confirmation of medication access, evaluation of PEP medication tolerability, reinforcement of the importance of medication adherence, and the arrangement of appropriate follow-up care and monitoring. PEP **should NOT be delayed or denied** based on access to an ID provider or other specialist.

Follow-up re-evaluation and laboratory testing are recommended at four to six weeks after exposure, 12 weeks after exposure and, in some cases, six months after exposure.

Recommended Four to Six Week Follow-up Labs:

- HIV testing using both a laboratory-based Ag/Ab test and diagnostic HIV NAT are recommended due to fact that ARV use can suppress HIV viral load, delay seroconversion and decrease the ability to detect HIV.
- Syphilis serology.
- Pregnancy testing for all women of childbearing protentional who are not known to be pregnant.

Recommended 12 Week Follow-up Labs:

- HIV testing using both a laboratory-based Ag/Ab test and diagnostic HIV NAT are recommended due to fact that ARV use can suppress HIV viral load, delay seroconversion and decrease the ability to detect HIV.
- Syphilis serology.

Recommended Six Month Follow-up Labs:

- Hepatitis B serology if HBV nonimmune at baseline.
- Hepatitis C antibody testing with reflex to HCV RNA NAT.

Special Considerations When Initiating PEP:

- Health care providers should use a culturally competent, trauma-informed approach with clear and concise language that is tailored to a person's health literacy level.
- PEP should be offered to survivors of sexual assault as part of comprehensive post-assault services when the assault included any contact associated with substantial risk for HIV transmission. For additional information regarding STI testing and treatment in cases of sexual assault, please visit Sexual Assault and Abuse and STIs – Adolescents and Adults (cdc.gov/std/treatment-guidelines/sexual-assault-adults.htm).
- Women who are pregnant or breastfeeding should be offered PEP when indicated. Clinical consultation should be considered to help address any additional patient-centered counseling or clinical care needs.
- Health care professionals providing PEP for children and adolescents should be aware of reporting requirements for child abuse and legal issues about consent for clinical care. Clinical consultation is recommended to ensure the unique needs of children and adolescents are addressed.
- Due to the time-sensitive nature of PEP, considerations for medication access can be critical.
    - Identifying local pharmacies that routinely carry PEP medications can help ensure individuals will be able to fill prescriptions within the required timeframe.
    - In some settings, starter packs or medication samples may be utilized for the provision of a short supply of medication to help ensure a person starting PEP has the time necessary to work with local pharmacies and obtain the full supply.
- For individuals without insurance, the cost of PEP medications can be a significant barrier. To assist individuals who do not have insurance or whose insurance does not cover a specific medication, many pharmaceutical companies offer prescription assistance and co-payment assistance programs. Each pharmaceutical company sets the eligibility criteria and enrollment process for their programs. Due to the time-sensitive nature of PEP, it is important for health care providers/facilities to be familiar with these programs so they can assist patients and submit the required clinical documentation.
    - Gilead Advancing Access Program:
        - GileadAdvancingAccess.com
        - 1-800-226-2056
    - ViiV Connect Program:
        - ViiVConnect.com
        - 1-844-588-3288
- Pharmaceutical company assistance programs typically only help patients get access to PEP medication once it has been prescribed by a health care provider. The cost of the clinical visit to get the prescription and any laboratory testing are typically not covered. It is important to be familiar with agency policies and resources that are available to assist with these costs.
- Persons initiating PEP who may have repeat or continuing exposure to HIV should receive education about PrEP and be provided with resources to transition to PrEP following the completion of PEP if they are interested. For additional information regarding PrEP, please visit Michigan.gov/MIPrEP.

A Note for Health Care Providers, Emergency Departments and Urgent Care Facilities

Initial HIV exposure management is often overseen by emergency clinicians or other providers who are not experts in the treatment of HIV infection or the use of ARV medications. These providers may not be familiar with either the guidelines for the management of exposures to HIV or the available ARV agents and their relative risks and benefits.

MDHHS recommends that health care institutions that may encounter individuals requesting PEP should develop clear protocols for the management of PEP including:

- A formal expert consultation mechanism (e.g., in-house infectious disease consultant, the MDHHS/Henry Ford Consultation Program or PEPline).
- Patient education components.
- Appropriate baseline testing.
- Identifying and having a starter-pack of an HIV PEP regimen available.
- A process to ensure prompt access to a full 28-day supply.
- A system for appropriate follow-up.
- A mechanism to facilitate linkage to follow-up evaluation by an HIV specialist or other qualified physician.

Health Care Professional Consultation Resources

Expert guidance specific to Michigan is available by contacting the **MDHHS/Henry Ford Consultation Program**. This program is set up to answer questions from Michigan health care professionals regarding HIV PEP, as well as HIV testing/screening, HIV disease management, HIV drug interactions, HIV PrEP and perinatal HIV treatment.

Non-urgent questions can be submitted at Henryford.org/HIVConsult and will be responded to in 24 to 48 hours.

For urgent questions, health care professionals should contact the **24-hour consultation line** by calling **313-575-0332**.

Clinicians can also obtain expert guidance in administering PEP by accessing the National Clinician Consultation Center (NCCC) **PEPline** at **1-844-275-6222** or NCCC.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis.

Pediatric Consultation:
Eric McGrath, MD: Wayne State University School of Medicine
Department of Pediatrics, Division of Infectious Diseases and Prevention
emcgrath@med.wayne.edu
Consultation Line (available 24/7): **248-840-4785**

Midwest AIDS Training and Education Center (MATEC Michigan):
Consultation Line (available 24/7): **313-408-3483**
Non-urgent Educational and Requests: matecmichigan@wayne.edu

References:

Centers for Disease Control and Prevention. 2025. Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV – CDC Recommendations, United States, 2025. https://www.cdc.gov/mmwr/volumes/74/rr/pdfs/rr7401a1-H.pdf.

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