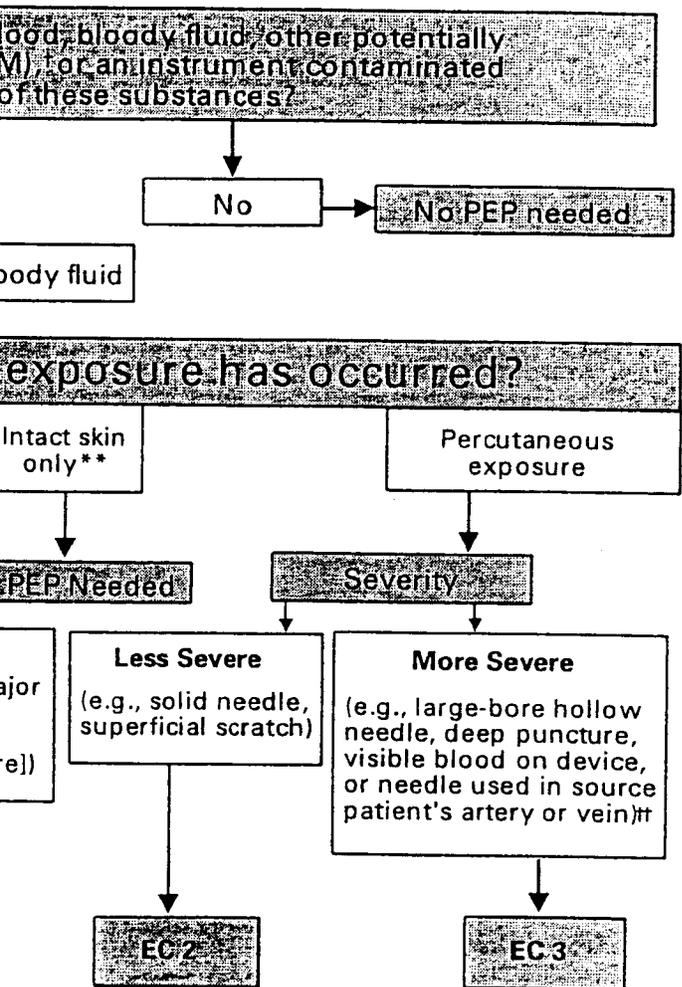


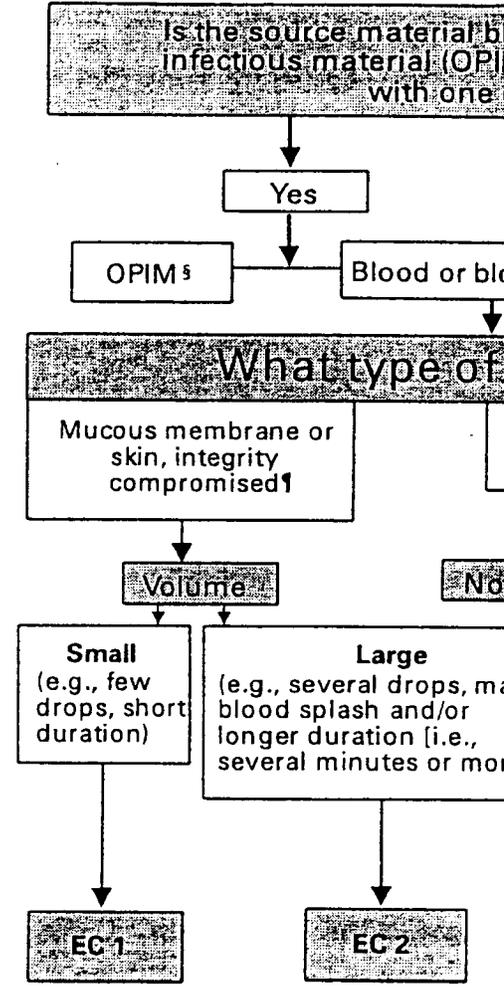
# Post-exposure Prophylaxis Algorithm

## Step 1: Determine Exposure Code (EC)



Decisions about PEP and should be used in conjunction with other clinical information, such as synovial, pleural, peritoneal, pericardial, or amniotic fluids; or other body fluids. In general, these body substances are not considered a risk for HIV transmission. However, if the exposure was a higher volume exposure (e.g., an extensive area of skin was exposed to blood), the risk for HIV transmission should be considered. Factors such as (e.g., large-bore hollow needle and deep puncture) contribute to an elevated risk for HIV transmission if the source person is HIV-positive.

## STEP 1: Determine the Exposure Code (EC)



\*This algorithm is intended to guide initial decision-making and should be used in conjunction with other guidance provided in this report.  
 † Semen or vaginal secretions; cerebrospinal fluid; or other body fluids.  
 ‡ Exposures to OPIM must be evaluated on a case-by-case basis. In general, these body substances are not considered a low risk for transmission in health-care settings. Any unprotected contact to concentrated HIV in a research laboratory or production facility requires clinical evaluation to determine the need for PEP.  
 † Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion, or open wound.  
 \*\* Contact with intact skin is not normally considered a risk for HIV transmission, but if the skin was exposed to blood, and the circumstance suggests a high risk (e.g., exposed or there was prolonged contact with blood), the risk for HIV transmission should be considered.  
 †† The combination of these severity factors (e.g., large-bore hollow needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIV-positive.