



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

MARIO J. PÉREZ, M.P.H.
Director, Division of HIV and STD Programs

600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005
TEL (213) 351-8001 • FAX (213) 387-0912

www.publichealth.lacounty.gov

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FROM THE DESK OF THE MEDICAL DIRECTOR

The Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), recommends the use of Post-Exposure Prophylaxis (PEP) for clients who believe they have been exposed to HIV within the past 72 hours. Antiretroviral therapy has been used as PEP for occupational HIV exposures, and the Centers for Disease Control and Prevention 2005 guidelines expanded its use to include non-occupational exposures. PEP is considered the **standard of care** for clients who believe they may have been exposed to HIV and should be considered a **medical emergency**.

Non-occupational exposures that place clients at highest risk of HIV acquisition include, but are not limited to, the following:

- Condomless insertive and receptive anal or vaginal intercourse with someone who is HIV positive or of unknown HIV status
- Sexual assault
- Sharing of injection materials with a partner who is known or suspected to be HIV-positive

The recommended regimen for PEP is the combination of Tenofovir/ Emtricitabine 200/300 mg daily plus either Raltegravir 400 mg BID or Dolutegravir 50 mg daily for 28 days.

Isentress *Tivicay* *Truvada*

PEP is **time sensitive** and studies have shown that its effectiveness decreases by the hour, so DHSP recommends giving a patient a full dose as soon as they arrive at your clinic or emergency room. Similar to "door-to-balloon time" for a patient undergoing percutaneous intervention for a myocardial infarction, starting PEP as soon as possible can be the difference between a patient remaining HIV-negative or seroconverting.

For guidance on prescribing PEP, go to <http://www.getprepla.com/for-providers.html> or search for "post-exposure prophylaxis" on [uptodate.com](http://www.uptodate.com). For clinical questions, call the UCSF Clinician Consultation Center at 1-888-448-4911 between 6:00am – 9:00pm PT or consult an Infectious Disease specialist.

Sincerely,

Sonali Kulkarni, MD, MPH
Medical Director

Leo Moore, MD, MSHPM
Associate Medical Director