Table 7: HIV PEP recommendations by type of exposure and source status

	Source living with HIV		Source of unknown HIV status	
	HIV VL unknown/detectable	HIV VL undetectable	From high prevalence country/risk-group[a]	From low prevalence country/group
SEXUAL EXPOSURES (For situations where PEP is indicated in individuals on PrEP with missed doses please see here.).				
RECEPTIVE ANAL SEX	RECOMMENDED	NOT RECOMMENDED[b] Provided on ART >6months with undetectable VL within the last 6 months and good adherence.	RECOMMENDED	NOT RECOMMENDED
INSERTIVE ANAL SEX	RECOMMENDED	NOT RECOMMENDED	CONSIDER[c, d]	NOT RECOMMENDED
RECEPTIVE VAGINAL SEX	RECOMMENDED	NOT RECOMMENDED	GENERALLY NOT RECOMMENDED [c, d]	NOT RECOMMENDED
INSERTIVE VAGINAL SEX	CONSIDER[c, e]	NOT RECOMMENDED	NOT RECOMMENDED [d]	NOT RECOMMENDED
FELLATIO* WITH EJACULATION[f]	NOT RECOMMENDED[g]	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
FELLATIO* WITHOUT EJACULATION[f]	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
SPLASH OF SEMEN INTO EYE	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
CUNNILINGUS[f]**	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
OCCUPATIONAL AND OTHER EXPOSURES				
SHARING OF INJECTING EQUIPMENT	RECOMMENDED	NOT RECOMMENDED	GENERALLY NOT RECOMMENDED[c]	NOT RECOMMENDED
HUMAN BITE[h]	GENERALLY NOT RECOMMENDED [i] (see bite algorithm)	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
NEEDLESTICK SHARP FROM A DISCARDED NEEDLE IN THE COMMUNITY			NOT RECOMMENDED (see Needlestick/sharps algo-rithm)	NOT RECOMMENDED
NEEDLESTICK SHARP DIRECT FROM SOURCE	RECOMMENDED	NOT RECOMMENDED	GENERALLY NOT RECOMMENDED [j]	NOT RECOMMENDED
MUCOSAL SPLASH EXPOSURE[k]	RECOMMENDED	NOT RECOMMENDED	GENERALLY NOT RECOMMENDED [c]	NOT RECOMMENDED

a. High prevalence groups within this recommendation are those where there is a significant likelihood of the source individual living with HIV. Within Ireland at present, this is likely to be men who have sex with men, and individuals who have immigrated from areas of high HIV prevalence. Information on the global distribution of HIV/AIDS can be found in the AIDSInfo collection on the UNAIDS website here.

b. The index case 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) with good reported adherence. Where there is any uncertainty about HIV VL results or adherence to ART then PEP should be given after condomless anal intercourse with a person living with HIV. The viral load threshold considered 'undetectable' in the PARTNER 1 and 2 and HPTN052 studies was <200 copies/ml.[173, 183, 207]

c. More detailed knowledge of local prevalence of HIV within communities may change these recommendations. Recommendations may change from 'consider' to 'recommended/not recommended' OR 'generally not recommended' to 'recommended'.

d. Prevalence of HIV in communities may impact these recommendations. There is concern that transmission of HIV is likely to be increased as a result of any trauma following aggravated sexual intercourse (anal or vaginal). Clinicians may therefore consider recommending PEP more readily in such situations,

e. Where HIV viral load in the source population is high (e.g. known recent seroconversion) or where there is evidence of genital ulceration

f. PEP is also NOT recommended for those receiving fellatio or cunninlingus

g. Consider where recent seroconversion or evidence of oropharyngeal ulceration or trauma

h. A bite is assumed to constitute breakage of the skin with passage of blood

i. HIV PEP should only be prescribed where all of the following criteria are met: (1) It is within 72 hours of the exposure (2) the bite has resulted in severe and/or 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 plasma HIV viral load >3.0 log (>1000) copies/ml [1]

J. Factors that may influence decision making include in occupational exposures: Deep trauma or bolus of blood inject. In the first instance where possible, it is important to ascertain the HIV status of the source. This should be the priority in this circumstance.

K. Mucosal splash exposure means contact with potentially infectious bodily fluids or tissue which pose risk of transmission of HIV through either a mucous membrane (e.g. splash exposure to the eye) or non-intact skin (e.g. exposed skin that is abraded, or afflicted with dermatitis) exposure. Body fluids implicated in the transmission of HIV include blood, semen and vaginal secretions but risk is lower for non-blood containing body fluids (23). Other body fluids that could potentially be infectious are cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Fluids that are not considered infectious (unless they contain visible blood) include faeces, nasal secretions, saliva, gastric secretions, sputum, sweat, tears, urine and vomit.

Definitions:

*Fellatio: Oral stimulation of the penis.

**Cunnilingus: Oral stimulation of the vulva or clitoris.

Recommended: the benefits of PEP are likely to outweigh the risks, PEP should be given unless there is a clear reason not to.

Consider: the risk of HIV transmission is low, the risk / benefit balance of PEP is less clear. The risk should be assessed on a case by case basis taking into consideration factors shown in footnotes c and d above.

Generally not recommended: the risk of HIV transmission is very low, the potential toxicity and inconvenience of PEP is likely to outweigh the benefit unless there is a clear specific extenuating factor which increases the risk (see footnotes c, d, j above). We anticipate PEP should very rarely be given when the risk has been assessed and discussed.

Not recommended: the risk of HIV transmission is negligible and PEP should not be given