

# Management of BBV risk following sexual exposure

Complete BBV patient management form (appendix 1)

Consider need for emergency contraception (appendix 16) / SATU referral (appendix 36) / risk of other STIs

Was the exposure significant? (i.e. exposure to blood/semen/vaginal secretions)

NO

No risk of HBV/HCV/HIV transmission. Reassure. No further follow-up required. Give patient info leaflet (appendix 27) and discharge to GP (appendix 35)

YES

Assess BBV risk of source (Section 3.3). If source known, test for BBVs or confirm previous results with consent. If source unknown or does not consent, consider if high risk group e.g. PWID/MSM/CSW/endemic country (Section 3.1)

Assess BBV status of recipient (HBV vaccination, previous BBV tests, baseline bloods (Section 3.4 and appendix 9))  
Clinical management of recipient based on risk assessment (Section 4)

## HBV

See HBV PEP table (appendix 8)

Follow appendix 7 for details on HIV PEP and use the management checklist in the patient management form (appendix 1). Outside of these recommendations, HIV PEP should not be prescribed without discussion with an ID/HIV specialist, where it may be considered in rare extreme cases.

## Source HIV status

Table adapted from BASHH PEPSE 2015

Do not give/consider PEP if more than 72 hours since the exposure

EXPOSURE TYPE	HIV positive		Unknown HIV status	
	HIV VL unknown/detectable	HIV VL undetectable	From high prevalence country / risk-group	From low prevalence country / group
RECEPTIVE ANAL SEX	RECOMMENDED	NOT RECOMMENDED <i>Provided source has confirmed HIV VL &lt; 200c/ml for &gt; 6 months</i>	RECOMMENDED	NOT RECOMMENDED
INSERTIVE ANAL SEX	RECOMMENDED	NOT RECOMMENDED	CONSIDER*	NOT RECOMMENDED
RECEPTIVE VAGINAL SEX	RECOMMENDED	NOT RECOMMENDED	CONSIDER*	NOT RECOMMENDED
INSERTIVE VAGINAL SEX	CONSIDER <sup>§</sup>	NOT RECOMMENDED	CONSIDER*	NOT RECOMMENDED
FELLATIO WITH EJACULATION	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
FELLATIO WITHOUT EJACULATION	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
SPLASH OF SEMEN INTO EYE	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED
CUNNILINGUS	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED	NOT RECOMMENDED

\* Prevalence of HIV within communities may change these recommendations from *consider* to *recommend* in areas/groups of particular high HIV prevalence

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

## HCV

There is currently no PEP available for HCV, but if seroconversion occurs, early treatment is highly effective (appendix 14)

## Information and Follow-up

Ensure patient is clear about follow-up plan. Advise regarding safer sex until after the window period. Give written information (appendices 28 & 33).