NEW YORK STATE | Department of Health

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December 2024

To All New York State Hospitals and Emergency Medical Services Agencies:

One of the greatest successes in the fight against HIV/AIDS has been the administration of post-exposure prophylaxis (PEP) to prevent infection in cases of occupational exposure to HIV. This letter provides updated information about New York State clinical guidelines for administering PEP and to clarify Federal and State laws that impact the provision of PEP to emergency responders.

It is important to be familiar with the following documents when establishing hospital and Emergency Medical Services (EMS) agency policies and procedures related to administering PEP for emergency responders, in cases where the source patient was transported by the EMS agency to the hospital:

- "Notification of Possible Exposure to Infectious Diseases" in the Ryan White HIV/AIDS Treatment Extension Act of 2009
- Infectious Diseases and Circumstances Relevant to Notification of Emergency Response Employees: Implementation of Section 2695 of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (March 2020)
- NYS Public Health Law and Part 63 of State health regulations
- PEP to Prevent HIV Infection, clinical guidelines regarding occupational exposure to HIV that reflect the latest developments in science and medicine (Updated 10/2024)

In October 2024 the NYS Department of Health AIDS Institute's Clinical Guidelines program updated its HIV PEP guidelines. Highlights from this update include:

- New recommendations, discussion, and references added on bictegravir/tenofovir alafenamide/emtricitabine (BIC/TAF/FTC) as a preferred single-tablet PEP regimen for nonpregnant and pregnant adults.
- An HIV exposure is a medical emergency and rapid initiation of PEP—ideally within 2 hours and no later than 72 hours post exposure—is essential to prevent infection. PEP-in-pocket, which involves giving individuals with an anticipated low frequency of high-risk HIV exposures a prescription for PEP, has demonstrated that individuals could initiate PEP appropriately on their own, often within a much shorter period between exposure and first PEP dose.
- Plasma HIV RNA testing of the source patient if the source patient's rapid HIV test result is negative but there has been a risk for HIV exposure in the previous 6 weeks.
- Voluntary baseline HIV testing of the exposed worker should be recommended and obtained even if the exposed worker declines PEP.
- HIV testing of the exposed worker should be conducted at 4 weeks and 12 weeks. A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the occupational exposure; routine testing at 6 months post-exposure is no longer recommended.

- When the exposed worker is taking pre-exposure prophylaxis (PrEP), it is still important to begin a 28-day course of a 3-drug regimen after a high-risk exposure (i.e., a puncture wound).

It is essential that hospitals and EMS agencies work together to meet these clinical guidelines. Federal and State mandates are different but related. The most significant issues with differing Federal and State law include: 1) source patient testing for HIV, hepatitis B and hepatitis C; 2) the response time for providing the HIV test result of the source patient; and 3) the appointment of a Designated Officer to manage the response to occupational exposures. The attached chart was developed to summarize the Federal and State legal requirements and to suggest a course of action which meets these legal mandates in a manner that is consistent with the latest clinical guidelines.

Rapid action is of utmost importance in responding to an occupational exposure. The latest data indicate the highest level of efficacy in preventing infection when medication is initiated within 2 hours. Accomplishing this requires a high level of coordination and collaboration between hospitals and EMS agencies. The New York State Department of Health recommends that EMS agencies and hospitals work together in a proactive manner to ensure that systems are in place to rapidly respond to any instance of occupational exposure.

If you have any questions regarding this letter or attachment, please contact Charles Gonzalez, MD, Medical Director, AIDS Institute, New York State Department of Health at 212-417-4620.

Sincerely,

Charles Gonzalez, MD
Medical Director
AIDS Institute
New York State Department of Health

Ryan P. Greenberg
Director
Bureau of Emergency Medical Services
New York State Department of Health

Attachment

Federal and State Law in Addressing Occupational HIV Post Exposure Prophylaxis for Emergency Responders

	Ryan White Treatment Extension Act	NYS Public Health Law (PHL)	Suggested Actions
Source Patient HIV Status and Testing	Not specifically mentioned	In cases of significant exposure, NYS law grants access to the HIV test history in the medical record of the source patient and, as needed, facilitates the offer of voluntary HIV testing of the source patient as soon as possible. Source patients should be offered testing for HIV, Hepatitis B and Hepatitis C as soon as possible as you would do for any occupational exposure.	Accessing the HIV test history or current HIV test result of the source patient should take place as soon as possible to facilitate decision-making with regard to starting post exposure prophylaxis (PEP) medication; however, clinical guidelines recommend beginning PEP medication immediately within 2 hours even if access to HIV test result of the source patient is not available. Anonymous testing may be done if the source patient does not have the capacity to consent. For more information see Occupational Exposure and HIV Testing: Fact Sheet and Frequently Asked Questions (December 2023)
Response Time for Provision of Source Patient's HIV Test Result	Hospital Designated Officers (DOs) are required to respond to a request from the EMS DO as soon as is practicable, but not later than 48 hours.	Encourages provision of HIV test history in the medical record or new HIV test result as soon as possible.	Information about the source patient's HIV status should be provided as soon as possible; 48 hours is the absolute outer legal limit.
Designated Officer	The Ryan White law requires that EMS agencies and hospitals identify a DO whose duties include: EMS DO: collecting facts about the exposure; evaluating the exposure; when necessary, submitting a request for relevant facts about the source patient to the hospital. Hospital DO: collecting facts about the exposure; evaluating the exposure; responding to requests from the EMS agency DO about facts, including relevant information about the source patient.	Not required by NYS Public Health Law. **NOTE:** In cases of occupational exposure, New York State Public Health Law allows for direct communication between the medical provider of the exposed worker and medical provider of the source patient.	Agency DOs need to proactively communicate about occupational exposures with agencies with which they anticipate working. Name of the DO and their contact information should be shared between agencies.