

Step 1: Establish whether exposure has occurred within 72 hours. If exposure occurred more than 72 hours ago contact the Paediatric Infectious Diseases (ID) Consultant on-call.

Step 2: Estimate the risk of HIV transmission by considering the type of exposure and the source risk. Determine whether the use of post exposure prophylaxis (PEP) is recommended.

Exposure	Source risk		
	Risk of transmission if HIV infected	High risk MSM, HPC, IVDU	Low risk Heterosexual, non- HPC
Receptive intercourse (anal/vaginal)	1/100	1/1000	1/10,000
Use of shared needle	1/100	1/1000	1/10,000
Insertive intercourse (anal/vaginal)	1/1000	1/10,000	1/100,000
Oral sex – non intact mucosa	1/1000	1/10,000	1/100,000
Oral sex – intact mucosa/other mucosal	Very low risk	Very low risk	Very low risk
Community acquired needle stick	Very low risk	Very low risk	Very low risk

MSM= males who have sex with males

HPC = high prevalence country: Papua New Guinea, Caribbean, Sub-Saharan Africa

IVDU= intravenous drug user

Risk of HIV transmission	PEP recommendation
Greater than 1/10,000	3 medicine regimen recommended
Less than or equal to 1/10,000	Discuss with Paediatric Infectious Diseases. Give NPEP if uncertain

The risk of transmission of hepatitis B is higher than for HIV following exposure to blood borne viruses. For a significant exposure to a source with an unknown hepatitis B carrier state, recommend a standard or accelerated hepatitis B immunisation schedule or a booster if already immunised.

Related procedure: [HIV Post exposure prophylaxis \(PEP\): Occupational and Non-Occupational](#)

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