At its meeting on 23 October 2013 (EAGA95), the Expert Advisory Group on AIDS (EAGA) reviewed the evidence around the risk of occupational HIV transmission from a source/patient with no detectable HIV RNA in their plasma. EAGA had previously advised that HIV PEP was not recommended under these circumstances. However, guidelines published by the US Public Health Service in September 2013 recommended PEP should still be offered. Full details of the discussion at EAGA are available in the published minutes (link). The advice from EAGA is summarised below.

**Situation:** Occupational exposure of a healthcare worker, by percutaneous injury or mucocutaneous contact, to blood or high-risk body fluid of an HIV-positive patient.

**Action:** After assessing the significance of the exposure, the balance of risks of transmission versus side effects of PEP should be discussed. If the patient (source) is known to have undetectable HIV viral load (<200 copies HIV RNA/ml), PEP is not recommended. PEP should be offered to those who are anxious about the risk.

There has been no new significant data to change EAGA’s advice, but EAGA will continue to keep the evidence under review. This advice is based on there being a theoretical transmission risk, without any direct evidence; intervention (i.e. PEP) is not encouraged for an extremely low risk.