DETERMINING THE NEED FOR HIV POST EXPOSURE PROPHYLAXIS (P.E.P.) AFTER AN OCCUPATIONAL EXPOSURE

STEP 1: DETERMINE THE EXPOSURE CODE (E.C.)
Is the source material blood, bloody fluid, other potentially infectious material (O.P.I.M: semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial or amniotic fluids or tissue), or an instrument contaminated with one of these substances?

YES

O. P. I. M. *

Blood or Bloody Fluid

NO

No P.E.P. Needed

WHAT TYPE OF EXPOSURE HAS OCCURRED?

Mucous Membrane or Skin Integrity Compromised**

Intact Skin Only +

Percutaneous Exposure

Volume

Small (e.g., few drops, short duration)

Large (e.g., several drops, major blood splash &/or longer duration [i.e., several minutes or > ])

No P.E.P Needed

Severity

Less Severe (e.g., solid bore needle, superficial scratch)

E.C. 1

E.C. 2

E.C. 3

More Severe (e.g., large bore hollow needle, deep puncture, visible blood on device used in source pt's artery or vein)++

E.C. 4

*Exposure to OPIM must be evaluated on a case by case basis. In general, these body substances are considered low risk for transmission in health care settings. Any unprotected contact to HIV in a research laboratory or production facility is considered an occupational exposure that requires clinical evaluation to determine need for PEP.

**Skin integrity is considered compromised if there is evidence of chapped skin, dermatitis, abrasion or open wound.

+Contact with intact skin is not normally considered a risk for HIV transmission. However, if the exposure was to blood & the circumstances suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIB transmission should be considered.

++The combination of these severity factors (e.g., large bore hollow needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIB positive.
### STEP 2: DETERMINE THE HIV STATUS CODE (HIV S.C.)

**What is the HIV status of the exposure source?**

- **HIV Negative**: Lower Titer Exposure (e.g., asymptomatic & high CD4 count ^^^)
  - HIV SC 1
  - **No P.E.P Needed**

- **HIV Positive**: Higher Titer Exposure (e.g., advanced AIDS, primary HIV infection, high or increasing viral load or low CD4 count ^^^)
  - HIV SC 2

- **Status Unknown**
  - HIV SC Unknown

**^** A source is considered negative for HIV infection if there is laboratory documentation of a negative HIV antibody, HIV polymerase chain reaction (PCR), or HIV p24 antigen test result from a specimen collected at or near the time of the exposure and there is no clinical evidence of recent retroviral-like illness.

**^^** A source is considered infected with HIV (HIV positive) if there has been a positive laboratory result for HIV antibody, HIV PCR, or HIV p24 antigen or physician-diagnosed AIDS.

**^^^** Examples are used as surrogates to estimate the HIV titer in an exposure source for the purposes of considering PEP regimens & do not reflect all clinical situations that may be observed. Although a high HIV titer (HIV SC2) in an exposure from a source with a low HIV titer also must be considered.

### STEP 3: DETERMINE P.E.P. RECOMMENDATION

<table>
<thead>
<tr>
<th>EC</th>
<th>HIV SC</th>
<th>P.E.P. RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td><strong>P.E.P. may not be warranted</strong>, Exposure type dose not pose a known risk for HIV transmission. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed employee &amp; the treating clinician.</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td><strong>Consider basic regimen</strong>, Exposure type poses a negligible risk for HIV transmission. A high HIV titer in the source may justify consideration of PEP. Whether the risk for drug toxicity outweighs the benefit of PEP should be decided by the exposed employee &amp; the treating clinician.</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td><strong>Recommend expanded regimen</strong>, Most HIV exposures are in this category; no increased risk for HIV transmission has been observed but use of PEP is appropriate.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td><strong>Recommend expanded regimen</strong>, Exposure type represents an increased HIV transmission risk.</td>
</tr>
<tr>
<td>3</td>
<td>1 or 2</td>
<td><strong>Recommend expanded regimen</strong>, Exposure type represents an increased HIV transmission risk.</td>
</tr>
</tbody>
</table>

**Unknown**

If the source or, in the case of an unknown source the setting where the exposure occurred, suggests a possible risk for HIV exposure and the E.C. is 2 or 3, consider P.E.P. basic regimen.

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**Basic Regimen:** 4 weeks Truvada (Tenofovir & Emtricitabine) 1 po daily. Truvada is better tolerated than Combivir, it is 1st choice unless known renal disease. Alternative is Combivir (Zidovudine (AZT) 300mg) and ( Lamivudine (Epivir) 150mg) 1 po BID

**Expanded Regimen:** Basic regimen PLUS, Kaletra 200/50 (Lopinavir 200 mg and Ritinavir 50 mg) 2 tablets po BID

(Updated 9/09)