

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

NO

O. P. I. M. *

**Blood or
Bloody Fluid**

No P.E.P. Needed

WHAT TYPE OF EXPOSURE HAS OCCURRED?

Mucous Membrane or Skin
Integrity Compromised**

Intact Skin Only +

Percutaneous
Exposure

Volume

No P.E.P. Needed

Severity

Small

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

Large

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

Less Severe

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

More Severe

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

E.C. 1

E.C. 2

E.C. 3

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 HIV 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 HIV positive.

STEP 2: DETERMINE THE HIV STATUS CODE

(HIV S.C.)

What is the HIV status of the exposure source?

HIV Negative ^

HIV Positive ^^

Status Unknown

Source Unknown

No P.E.P Needed

Lower Titer Exposure
(e.g., asymptomatic & high CD4 count ^^)

Higher Titer Exposure
(e.g., advanced AIDS, primary HIV infection, high or increasing viral load or low CD4 count ^^)

HIV SC 1

HIV SC 2

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

EC	HIV SC	P.E.P. RECOMMENDATION:
1	1	<u>P.E.P. may not be warranted.</u> Exposure type does 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 & the treating clinician.
1	2	<u>Consider basic regimen.</u> 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 & the treating clinician.
2	1	<u>Recommend basic regimen.</u> Most HIV exposures are in this category; no increased risk for HIV transmission has been observed but use of PEP is appropriate.
2	2	<u>Recommend expanded regimen.</u> Exposure type represents an increased HIV transmission risk.
3	1 or 2	<u>Recommend expanded regimen.</u> Exposure type represents an increased HIV transmission risk.
Unknown		<u>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.</u>

Basic Regimen: 4 weeks Truvada (Tenovir & 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 Ritonavir 50 mg) 2 tablets po BID

{ updated 9/09 }