HIV Post Exposure Prophylaxis Drug Regimens

The recommended HIV PEP regimen is:

**STEP 4d**

HIV PEP MANAGEMENT - HX EXPOSURE

**Counselling and Follow-up:**

- **Educating the exposed individual:**
  - Consider the benefits and risks of antiretroviral PEP, including the importance of adherence, as an antidepressant.
  - Reference in care should suggest that PEP should be discontinued if adverse effects are severe.
  - Contraindicated if significant adverse effects.

**Follow-up visits:**

- 2 weeks: Serum creatinine (or potential HCG test)
- 6 months (from HLA typing): HLA testing. (HLA typing should be done in a laboratory that has the capability of identifying the HLA protein content.)

**References:**

**STEP 1** TREAT EXPOSURE SITE & REPORT FOR ASSESSMENT

An individual who experiences an occupational or non-occupational exposure to blood borne pathogens needs to have immediate first aid treatment for any wound and a risk assessment for the likelihood of transmission of pathogens.

**Step 2** ASSESS THE EXPOSURE RISK

Many factors contribute to the risk of transmission of blood borne pathogens, including the type and size of fluid involved, the type of site that occurred, the size of the exposure, and the health status of the exposed and patient. All of the following information should be obtained and recorded:

- **Body Fluid:** Body fluids considered potentially infectious include blood, semen, saliva, tears, spinal fluid, cerebrospinal fluid, peritoneal, pericardial and amniotic fluid.
- **Shellfish:** NOT considered potentially infectious for blood borne pathogens include tears, sweat, saliva, feces, urine and vomitus, unless they are visibly bloody.

**STEP 3** PERFORM BASELINE TESTING

Perform baseline testing of the source patient if HBV, HCV and/or HIV are the most likely pathogens to be transmitted. It is strongly recommended: as soon as possible following exposure to body fluids possibly containing blood.

- **Source Patient:** Source patient should be assessed for the likelihood of transmission of a pathogen.
- **Exposed Individual:** Exposed individual should be assessed for the likelihood of transmission of a pathogen.

**Source patient (if available):**

- If the source patient is HIV positive or is known to have an active clinical infection, no testing is required. The exposed individual should be monitored for disease development and counseled on the signs and symptoms of acute HIV infection.
- If the source patient is HBV positive and/or HCV positive, testing for acute HIV infection is strongly recommended. The exposed individual should be monitored for disease development and counseled on the signs and symptoms of acute hepatitis C infection.

**Exposed individual:**

- If the exposed individual is not willing to be treated for HBV, HCV or HIV, further testing is not indicated.
- If the exposed individual is willing to be treated for HBV, HCV or HIV, testing is indicated for acute and/ or chronic infection.

If a confirmatory assay is done to confirm a diagnosis of HIV infection, counseling and follow up should be done on the same day. This would include the following:

- Blood tests to assess the risk of infection.
- Viral load testing.
- A confirmatory antibody test.
- CD4 cell count.

**Table 2—Management of Hepatitis B Exposure**

<table>
<thead>
<tr>
<th>Hepatitis B Status of Source</th>
<th>Hepatitis B Status of Exposed Person</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not infected</td>
<td>Not infected</td>
<td>No further action.</td>
</tr>
<tr>
<td>Infected</td>
<td>Not infected</td>
<td>Initiate second vaccine series</td>
</tr>
<tr>
<td>Infected</td>
<td>Infected</td>
<td>Initiate second vaccine series</td>
</tr>
</tbody>
</table>

**PEP MANAGEMENT—HBV EXPOSURE**

Management of parenteral hepatitis B exposure is dependant on the vaccination and antibody status of the exposed individual, in addition to the serostatus of the source (Table 2).

For the current immunisation schedule (HBIG and live Hepatitis B vaccine), after completing the first hepatitis vaccination or if the source is HBV positive:

- No further action is required.
- PEP must be started immediately and completed by the vaccine series.

For the current immunisation schedule (HBIG and live Hepatitis B vaccine), if the source is HBV negative or if the source has completed the vaccine series and the source is unknown:

- PEP must be started immediately and completed by the vaccine series.

**STEP 4a** SEROLOGICAL TESTING

**STEP 4b** IMMUNOPROPHYLAXIS

If the antibody status of the source is unknown:

- The exposed individual should be tested for antibodies to hepatitis B.
- The exposed individual should be tested for hepatitis B surface antigen.
- The exposed individual should be tested for hepatitis B e antigen.
- The exposed individual should be tested for hepatitis B core antigen.
- The exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
- The exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
- The exposed individual should be tested for hepatitis B viral DNA.

If the antibody status of the source is known:

- If the source is HBV positive, the exposed individual should be tested for antibodies to hepatitis B.
- If the source is HBV negative, the exposed individual should be tested for hepatitis B surface antigen.
- If the source is HBV positive, the exposed individual should be tested for hepatitis B e antigen.
- If the source is HBV negative, the exposed individual should be tested for hepatitis B e antigen.
- If the source is HBV positive, the exposed individual should be tested for hepatitis B core antigen.
- If the source is HBV negative, the exposed individual should be tested for hepatitis B core antigen.
- If the source is HBV positive, the exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
- If the source is HBV negative, the exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
- If the source is HBV positive, the exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
- If the source is HBV negative, the exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
- If the source is HBV positive, the exposed individual should be tested for hepatitis B viral DNA.
- If the source is HBV negative, the exposed individual should be tested for hepatitis B viral DNA.

**STEP 5** IMMUNOPROPHYLAXIS

If antibodies to hepatitis B are not present in the exposed individual:

- Hepatitis B immune Globulin (HBIG) should be administered at a site separate from HBIG if co-administered.
- The non-immune patient should be evaluated at 6 months for possible seroconversion:
  - HBIG
  - Hepatitis B immune globulin (HBIG) and hepatitis B vaccine

If antibodies to hepatitis B are present in the exposed individual:

- The non-immune patient should be evaluated at 6 months for possible seroconversion:
  - HBIG
  - Hepatitis B immune globulin (HBIG) and hepatitis B vaccine

- If the antibody status of the source is unknown:
  - The exposed individual should be tested for antibodies to hepatitis B.
  - The exposed individual should be tested for hepatitis B surface antigen.
  - The exposed individual should be tested for hepatitis B e antigen.
  - The exposed individual should be tested for hepatitis B core antigen.
  - The exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for hepatitis B viral DNA.

If antibodies to hepatitis B are not present in the exposed individual:

- Hepatitis B immune Globulin (HBIG) should be administered at a site separate from HBIG if co-administered.
- The non-immune patient should be evaluated at 6 months for possible seroconversion:
  - HBIG
  - Hepatitis B immune globulin (HBIG) and hepatitis B vaccine

- If the antibody status of the source is unknown:
  - The exposed individual should be tested for antibodies to hepatitis B.
  - The exposed individual should be tested for hepatitis B surface antigen.
  - The exposed individual should be tested for hepatitis B e antigen.
  - The exposed individual should be tested for hepatitis B core antigen.
  - The exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for hepatitis B viral DNA.

If antibodies to hepatitis B are present in the exposed individual:

- The non-immune patient should be evaluated at 6 months for possible seroconversion:
  - HBIG
  - Hepatitis B immune globulin (HBIG) and hepatitis B vaccine

- If the antibody status of the source is unknown:
  - The exposed individual should be tested for antibodies to hepatitis B.
  - The exposed individual should be tested for hepatitis B surface antigen.
  - The exposed individual should be tested for hepatitis B e antigen.
  - The exposed individual should be tested for hepatitis B core antigen.
  - The exposed individual should be tested for IgG antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for IgM antibodies to hepatitis B core antigen.
  - The exposed individual should be tested for hepatitis B viral DNA.
**STEP 1  TREAT EXPOSURE SITE & REPORT FOR ASSESSMENT**

An individual who experiences an occupational or non-occupational exposure to blood borne pathogen needs to have immediate first aid treatment for any wound and a risk assessment for the likelihood of transmission of pathogens.

**Exposure site**
- Remove any contaminated clothing
- Allow wound to be freed. Needlestick injuries should not be sutured.
- Flush through with water
- Apply pressure to the wound
- If exposure area involves the eyes, nose or mouth, thoroughly flush with water
- Request the official to file immediate supervision and consult the Bloodborne Pathogen Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the report of the exposure in order to:
- **Promptly identify** for risk assessment:
  - **During Business Hours** (Monday to Friday, 0700 - 1800), **Corporate Health and Safety Services (CSS) call 1-811**.
  - **After hours, weekends, holidays**
- **Emergencies Department**

**Exposure report**
- Enter pertinent exposure details and all relevant occupational exposures.
- Should proceed immediately to the ID for assessment.

**Algorithm for Presentation Following Exposure to a Bloodborne Pathogen**

1. **Exposure to** Bloodborne Pathogens

   - **HBsAg Positive or Unknown**
     - 0.06 - 0.11%
     - No further action required

2. **HBsAg Positive**

   - 0.63%
   - Initiate vaccine series

   - **Risk Assessment:**
     - Identify the source of the exposure.
     - Identify the attributes of the source and exposed patient. All of the following information should be obtained and recorded.
     - **Pathogen Exposure Report.** If the source patient is known, it is important to record the source patient’s full name and hospital record in the report of the exposure in order to:
       - Promptly identify for risk assessment:
         - **During Business Hours** (Monday to Friday, 0700 - 1800), **Corporate Health and Safety Services (CSS) call 1-811**.
         - **After hours, weekends, holidays**
       - **Emergencies Department**

3. **Type of Exposure**

   - **Occupational exposure**
     - percutaneous - skin puncture or laceration by needle or sharp object
     - mucocutaneous - contact through intact skin (eg. cuts, dermals)
   - **Non-occupational exposure**
     - mucocutaneous - contact through intact skin (eg. cuts, dermals)

   - **Source patient**
     - unknown
     - HBV: HCV: HIV status
     - HBsAg: HCV RNA

   - **Exposed individual**
     - known
     - HAV: HBV: HCV: HIV status

4. **Exposure time**

   - last exposure to infectious fluid: distance from the source to exposed patient, influential secretion (eg. well, ventilated entire vs. poorly ventilated)

5. **Volume of exposure**

   - small volume
   - large volume

6. **Presence of travelled infectious disease**

   - for cases of sexual exposure

7. **Estimated risk of transmission**

   - Following one dose of vaccine is exposed to potentially infectious fluid:
     - <10 IU/mL
     - ≥10 IU/mL

8. **Evaluation of risk factors**

   - if the exposure is to HBV:
     - No further action required
   - if the exposure is to HCV:
     - Hepatitis C antibody (HCV Ab); if HCV Ab positive, test for HCV RNA
   - if the exposure is to HIV:
     - HIV antibody (HIV Ab) using a fourth generation combination p24 antigen-HIV antibody assay

**Source patient (if available):**

- The source patient should be offered the option of, and asked to undergo testing. (Informed consent must be obtained for source patients selected with the hospital.
- The test must be documented in the chart by the attending medical staff.
- Always record a completed test.
- If the source patient does not consent to testing and is not available for testing, a missed opportunity exists. Antenatal HIV testing was an alternative to testing. In this scenario, if known, it is important to:
  - Be able to make an estimate of fluids (HIV RNA requiring mandatory blood testing by the exposed patient if the exposed patient received from the staff member was considered an emerging health care services or emergency response. And the application of the vaccine per guidelines would be possible.

**Source patient (if not available):**

- If the source patient is unwilling or cannot be tested, consider their likelihood of having a blood-borne pathogen based on local epidemiology. eg. the prevalence of infection in this population.
- Even the source patient tests negative, RIs should be considered.

**Exposed individual:**

- Of the exposed individual not willing to be tested for HIV, PEP should not be initiated.

**Exposed individual:**

- If test results on the source patient reveal the source is not infected, the only required action is:
  - HBsAg Negative
  - HBsAg Positive
  - HBsAg Unknown
  - HBsAg Unknown
  - HBsAg Unknown

**Perform baseline testing:**

- Evaluate the test results on the source patient.
- If the source patient is not infected, prophylaxis should be considered. (Informed consent must be obtained for source patients selected with the hospital.
- If the exposed patient received from the staff member was considered an emerging health care services or emergency response. And the application of the vaccine per guidelines would be possible.

**PEP management - HIV exposure:**

- Any known blood-borne pathogen is exposed to the vaccine and antibody status of the source patient.
- In addition to the vaccine status of the source (Table 2).
- For the exposed individual not willing to be tested for HIV, PEP should not be initiated.
- For the exposed individual not willing to be tested for HIV, PEP should not be initiated.
- The vaccine status of the source patient does not provide any information.
- No further action is required.

**Step 4a:**

- In the case of the exposed individual.
- The vaccine status of the source patient does not provide any information.
- No further action is required.

**Table 2: Management of hepatitis B exposure**

<table>
<thead>
<tr>
<th>hepatitis status of exposed</th>
<th>Hepatitis B status of source</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>negative for HBsAg, HCV or HIV antibody and:</td>
<td>negative</td>
<td>no further action required</td>
</tr>
<tr>
<td>positive for HBsAg, HCV or HIV antibody:</td>
<td>positive</td>
<td>start second vaccine series</td>
</tr>
<tr>
<td>complete vaccine series:</td>
<td>complete</td>
<td>PHN</td>
</tr>
</tbody>
</table>
STEP 1 TREAT EXPOSURE SITE & REPORT FOR ASSESSMENT
An individual who experiences an occupational or non-occupational exposure to blood borne pathogens needs to have immediate first-aid treatment for any wound and a risk assessment for the likelihood of transmission of pathogens. 

Wound and/or exposed mucous membrane site should immediately:
- Remove any contaminated clothing
- Allow wound to be bleeder
- Nurdlesticks or sharp objects should not be handled
- Flush thoroughly with water
- If exposure area involves the eyes, nose, or mouth, thoroughly flush with water
- Request the victim to follow immediate supervisor and complete the Blood Borne Pathogens Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the report of exposure.
- Prompt immediately for risk assessment:
  - Nursing Business Affairs (Monday, by phone, 388-5386)
  - Corporate Health and Safety Services (24 hours, 386-5555)
- After hours, weekends, holidays:
- Emergencies Department

Non-SMH staff with occupational exposure and all non-occupational exposures:
- Should proceed immediately to be ID for assessment.

Algorithm for Presentation Following Exposure to a Blood Borne Pathogen

1. Exposure to Blood Borne Pathogens

   a. Bodily Fluids: Body fluids considered potentially infectious include blood, semen, plasma, seminal fluid, vomitus, cerebrospinal fluid, synovial fluid, peritoneal, pleural and pericardial fluid.
   b. Body Fluids Not Considered Potentially Infectious: Includes hair, nail clippings, fomites, inanimate objects.

   b. Flush thoroughly with water

   c. If wound or mucous membrane is not visible, consider the possibility of a needlestick or cutaneous exposure.

   d. Record the incident:

- Date of incident
- Time of incident
- Route of exposure (percutaneous, mucous membrane, ingestion)
- Classification of exposure (non-occupational, occupational)
- Wound size
- Source patient’s history of transfusion, injection drug use, or STI
- Source patient’s status of HBsAg, HCV Ab, and HIV
- Source patient’s risk factors that may increase the risk of transmission
- Prevention measure taken by individual exposed

STEP 2 ASSESS THE EXPOSURE RISK

The major factors that contribute to the risk of transmission of blood borne pathogens, including the type of bodily fluid involved, the type of injury that occurred, the size of the injury, and whether the source was a non-immune individual. All of the following information should be obtained and recorded.

Table 1: Estimated Per-Act Risk for Acquisition of HIV by Exposure Route

<table>
<thead>
<tr>
<th>Exposure Route</th>
<th>Reactivated HIV</th>
<th>Probability of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood transfusion</td>
<td>0.06%</td>
<td>Low</td>
</tr>
<tr>
<td>Percutaneous exposure</td>
<td>0.21%</td>
<td>Low</td>
</tr>
<tr>
<td>Nasal secretions</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
<tr>
<td>Oral secretions</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
<tr>
<td>Saliva</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
<tr>
<td>Sputum</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
<tr>
<td>Urine</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
<tr>
<td>Vomitus</td>
<td>0.005%</td>
<td>Extremely low</td>
</tr>
</tbody>
</table>

STEP 3 PERFORM BASELINE TESTING

Several baselines testing of the source patient for HBV, HCV and HIV is the most reliable method to assess the risk of exposure. It is strongly recommended. Assuming if the exposed individual is willing to be tested for antibody to HBV, HCV and HIV, and if the exposed individual is willing to provide a baseline test:

Source patient (if available):
- The source patient should be offered the option of testing, and asked to undergo testing. Informed consent must be obtained for blood sources submitted within 7 days of the exposure, this must be documented in the chart by the attending medical officer, and the medical officer will notify the SMH Medical Health Officer.
- The source patient does not consent to being tested, and the incident is not found to pose a risk of HBV, HCV, or HIV transmission, or if subsequent testing of the source patient reveals no evidence of infection, the exposed individual can be followed up by a process that will not make the source amenable to medical follow-up indefinitely. Medical follow-up should be sent to the source patient if the exposure occurred while the SMH staff member was providing emergency health care service or emergency first aid at the source.
- The exposed individual should be informed of the incident and asked to undergo testing.
- The source test result is negative:
  - If the source patient is not infected with HBV, HCV or HIV, no further action is required.
  - If the source patient is infected and the exposure occurred while the SMH staff member was providing emergency health care service or emergency first aid at the source, the exposed individual should be informed of the incident.
- The source test result is positive or unknown:
  - Follow the procedure for HIV, HCV and HBV exposure.
  - In addition to post-exposure prophylaxis for HIV or HBV exposure should not be delayed pending test results.

STEP 4 A PEP MANAGEMENT - HIV EXPOSURE

PEP should not be delayed pending the results of serologic testing of the source patient if the exposure occurred while the SMH staff member was providing emergency health care service or emergency first aid at the source.

- The source test result is positive or unknown:
  - Follow the procedure for HIV, HCV and HBV exposure.
  - In addition to post-exposure prophylaxis for HIV or HBV exposure should not be delayed pending test results.

Table 2: Management of hepatitis B exposure

<table>
<thead>
<tr>
<th>Exposed Individual</th>
<th>Unvaccinated</th>
<th>Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Completed vaccine series, and if:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>Anti-Hbs &lt; 10 mIU/mL</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>Anti-HBs ≥ 10 mIU/mL</td>
<td></td>
<td>Complete vaccine series</td>
</tr>
<tr>
<td>b. Acute retroviral syndrome is low:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>c. If the source patient is HIV seronegative and has no clinical evidence of recent HIV infection:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>1. Complete vaccine series of the hepatitis B vaccination is indicated in an individual who has never been vaccinated or anti-HBs &lt; 10 mIU/mL after two complete hepatitis B vaccination doses for hepatitis B if not already immune.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>2. Dose should be completed 1-2 months after the first dose of hepatitis B vaccine. If anti-HBs &lt; 10 mIU/mL after two complete hepatitis B vaccination doses for hepatitis B if not already immune.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>d. If the source patient is HBsAg negative:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>1. The source test result is negative:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>2. Follow-up testing should be done at 6 months to assess for hepatitis B seroconversion:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>3. The management of all individuals who are not immune or unknown may include the following:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>a. Hepatitis B immune globulin (HBIG):</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>1. Hepatitis B immune globulin should be given as soon as possible within 24 hours after the exposure.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>2. Hepatitis B immune globulin is indicated for all individuals who have not been vaccinated for hepatitis B and who have no history of hepatitis B.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>e. If the source patient is HBsAg positive or unknown:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>1. The source test result is positive:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>2. The source test result is unknown:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>a. Complete vaccine series of the hepatitis B vaccination is indicated to an individual who has never been vaccinated or anti-HBs &lt; 10 mIU/mL after two complete hepatitis B vaccination doses.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>b. Dose should be completed 1-2 months after the first dose of hepatitis B vaccine.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>c. The management of all individuals who are not immune or unknown may include the following:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
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<td>a. Hepatitis B immune globulin (HBIG):</td>
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<td>1. Hepatitis B immune globulin should be given as soon as possible within 24 hours after the exposure.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>2. Hepatitis B immune globulin is indicated for all individuals who have not been vaccinated for hepatitis B and who have no history of hepatitis B.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>3. The source test result is positive:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>4. The source test result is unknown:</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
<tr>
<td>a. Complete vaccine series of the hepatitis B vaccination is indicated to an individual who has never been vaccinated or anti-HBs &lt; 10 mIU/mL after two complete hepatitis B vaccination doses.</td>
<td>Complete vaccine series</td>
<td></td>
</tr>
</tbody>
</table>

STEP 4 B PEP MANAGEMENT - HBV EXPOSURE

- The management of all individuals who are not immune or unknown may include the following:
  1. Hepatitis B immune globulin (HBIG):
  2. Dose should be completed 1-2 months after the first dose of hepatitis B vaccine. | Complete vaccine series |                   |
  3. The source test result is positive: | Complete vaccine series |                   |
  4. The source test result is unknown: | Complete vaccine series |                   |
  a. Complete vaccine series of the hepatitis B vaccination is indicated to an individual who has never been vaccinated or anti-HBs < 10 mIU/mL after two complete hepatitis B vaccination doses. | Complete vaccine series |                   |

STEP 4 C PEP MANAGEMENT - HCV EXPOSURE

- The management of all individuals who are not immune or unknown may include the following:
  1. Hepatitis B immune globulin (HBIG):
  2. Dose should be completed 1-2 months after the first dose of hepatitis B vaccine. | Complete vaccine series |                   |
  3. The source test result is positive: | Complete vaccine series |                   |
  4. The source test result is unknown: | Complete vaccine series |                   |
  a. Complete vaccine series of the hepatitis B vaccination is indicated to an individual who has never been vaccinated or anti-HBs < 10 mIU/mL after two complete hepatitis B vaccination doses. | Complete vaccine series |                   |

IF BASELINE result in EXPOSED patient is:

Positive for HIV, HCV or HBV antibody:
- A counselling session should be done to cascade a diagnosis of HIV infection.
- Give appropriate counseling, provide medical referral, and follow appropriate hospital policies for staff care.

Negative for HIV, HCV or HBV antibody:
- The source test result is negative:
  - If the source patient is HBsAg negative or HBsAg unknown and no clinical evidence of recent HIV infection, or further testing for HBV, HCV, or HIV is conducted. The blood, body fluids and objects considered potentially infectious include blood, serums, plasma, cerebrospinal fluids, peritoneal, pleural, and pericardial fluid.
  - The blood, body fluids and objects considered potentially infectious include blood, serums, plasma, cerebrospinal fluids, peritoneal, pleural, and pericardial fluid.
  - The blood, body fluids and objects considered potentially infectious include blood, serums, plasma, cerebrospinal fluids, peritoneal, pleural, and pericardial fluid.
STEP 1 TREAT EXPOSURE SITE & REPORT FOR ASSESSMENT
An individual who experiences an occupational or non-occupational exposure to blood borne pathogens needs to have immediate first-aid treatment for any wound and a risk assessment for the likelihood of transmission of pathogens.

a. Body fluid - Body fluids considered potentially infectious include: blood, semen, vaginal secretions, oral secretions, cerebrospinal, pleural, pericardial and peritoneal fluid.

b. Body fluid - HBsAg positive or unknown

<table>
<thead>
<tr>
<th>OR</th>
<th>0.04 - 0.28%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg Positive or Unknown</td>
<td>92.5%</td>
</tr>
<tr>
<td>HBsAg Positive or Unknown</td>
<td>0.08%</td>
</tr>
<tr>
<td>HBsAg Positive or Unknown</td>
<td>0.01 - 0.14%</td>
</tr>
</tbody>
</table>

• If the source patient does not consent to testing and is at epidemiological risk for infection (e.g., hepatitis B virus [HBV] endemic area), or if the HCV or HIV antibody test is not available, the non-immune individual should be vaccinated with hepatitis B vaccine and IG or HBIG.

STEP 2 ASSESS THE EXPOSURE RISK
Many factors contribute to the risk of transmission of blood borne pathogens, including the type of body fluid involved, the type of injury that occurred, the size of the injury, and the health history of the source and exposed patient. All of the following information should be obtained and recorded.

STEP 3 PERFORM BASELINE TESTING
Perform baseline testing of the exposed patient for HBV, HCV antibody and HIV as the most reliable method to assess the risk of exposure. It is strongly recommended that the exposed individual be tested for antibody to HBV (anti-HBs) and HIV. If the exposed individual is tested for HBV, the source patient HBV status should be known.

Source patient (if available):

- The source patient should be offered the option of the vaccine, and asked to undergo testing. Informed consent must be obtained by the source patient(s) selected within the hospital, this must be documented in the chart by the attending medical staff or attending physician and included in the patient's permanent medical record.
- If the exposed individual is tested for HBV before the vaccine series is initiated (anti-HBs level unknown), the source patient should be tested for anti-HBs level to determine the likelihood of a previous exposure. The presence of isolated anti-HBc can be as high as 10-20% in non-vaccinated individuals.

If the source test result is positive or unknown:

- Follow the procedure for HBV vaccines in non-occupational exposure

IF BASELINE result in EXPOSED patient is:

<table>
<thead>
<tr>
<th>Source HBV status</th>
<th>Exposed HBV status</th>
<th>Complete series and antibody testing.</th>
<th>Complete series and antibody testing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HBs level unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HBs &lt; 10 mIU/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HBs ≥ 10 mIU/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unvaccinated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccinated</td>
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<td></td>
</tr>
</tbody>
</table>

STEP 4 PEP MANAGEMENT - HBV EXPOSURE
If the exposure occurred in the hospital, HBV prophylaxis and vaccination may be required.

If the source patient does not consent to testing and is at epidemiological risk for infection, the non-immune individual should be vaccinated with hepatitis B vaccine and IG or HBIG.

**Follow-up Testing**

- The non-immune patient should be evaluated at 6 months for possible sequelae of:
  - HBV:
    - Hepatitis B surface antigen (HBsAg) should be obtained 1 month after completion of the hepatitis B vaccine series. It is also wise to obtain a hepatitis B surface antigen test 6 months after the last dose of vaccine. In the rare case of an immune individual with a previous history of HBV infection, the test should also be obtained 12 months after completion of the hepatitis B vaccine series.

Table 2 - Management of hepatitis B exposure

<table>
<thead>
<tr>
<th>Vaccination Status of Source</th>
<th>Vaccination Status of Exposed</th>
<th>Follow-up Tests:</th>
<th>PEP Management - HBV Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBV Positive</td>
<td>HBV Negative</td>
<td></td>
<td>Complete series and antibody testing.</td>
</tr>
<tr>
<td>HBV Positive</td>
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<td>Non-immune individual should be vaccinated with hepatitis B vaccine and IG or HBIG.</td>
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<td></td>
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</tbody>
</table>

**Follow-up Testing**

- The non-immune patient should be evaluated at 6 months for possible sequelae of HBV:
  - HBV:
    - Hepatitis B surface antigen (HBsAg) should be obtained 1 month after completion of the hepatitis B vaccine series. It is also wise to obtain a hepatitis B surface antigen test 6 months after the last dose of vaccine. In the rare case of an immune individual with a previous history of HBV infection, the test should also be obtained 12 months after completion of the hepatitis B vaccine series.

Table 2 - Management of hepatitis B exposure

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<td>Complete series and antibody testing.</td>
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<td>HBV Negative</td>
<td>HBV Negative</td>
<td></td>
<td>Non-immune individual should be vaccinated with hepatitis B vaccine and IG or HBIG.</td>
</tr>
</tbody>
</table>
**STEP 1**
TREAT EXPOSURE SITE & REPORT FOR ASSESSMENT

An individual who experiences an occupational or non-occupational exposure to blood borne pathogens needs to have immediate first aid treatment for any wound and a risk assessment for the likelihood of transmission of pathogens.

- Wash off any contaminated clothing
- Allow wound to bleed freely. Needlestick injuries should not be squeezed
- If exposed area involves the eyes, nose or mouth, thoroughly flush with water
- Request a standard for Intradermal skin testing and follow the Bloodborne Pathogens Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the exposure report
- Proceed immediately for risk assessment

- **Emergency Department (after hours, weekends, holidays):**
  - Coordinate Health and Safety Services (236.5555)
  -_triage

- **Non-Occupational:***
  - should proceed immediately to the ID for assessment

**Algorithm for Presentation Following Exposure to a Blood-Borne Pathogen**

**Exposure to:**
Blood-Borne Pathogens

**New Staff:**
- Document personal exposure
- Document personal exposure
- Document personal exposure
- Document personal exposure

**New staff with occupational exposure and non-occupational exposures:**
- Document personal exposure
- Document personal exposure
- Document personal exposure
- Document personal exposure

**Table 1 - Estimated Per-100,000 Risk for Acquisition of HIV by Exposure Route**

<table>
<thead>
<tr>
<th>Exposure route</th>
<th>Rate estimate</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exposure</td>
<td>20</td>
<td>1.38 - 0.06%</td>
</tr>
<tr>
<td>Parenteral exposure</td>
<td>500</td>
<td>1.61 - 0.47%</td>
</tr>
<tr>
<td>Complete vaccine series</td>
<td>100</td>
<td>0.08 - 0.04%</td>
</tr>
<tr>
<td>Non-responding vaccine</td>
<td>1000</td>
<td>0.06 - 0.11%</td>
</tr>
</tbody>
</table>
| No further action required

**Table 2 - Management of hepatitis B exposure**

### Table 2 - Management of hepatitis B exposure

| Hepatitis B status of source | Management
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Source patient unknown</td>
<td>Follow the procedure for HBV, HCV and/or HIV exposure</td>
</tr>
<tr>
<td>Source patient unknown</td>
<td>Initiate post-exposure prophylaxis for HBV or HIV exposure should not be delayed pending test results</td>
</tr>
</tbody>
</table>

**STEP 3**
PERFORM BASELINE TESTING

Several laboratory testing of the source patient for HBV, HCV antibody and/or HIV antibody is the most reliable method to assess the risk of exposure. It is strongly recommended. According to the exposed individual’s willingness to be tested for antibodies to HBV, HCV or HIV, (if exposed individual indicates for testing).

**Source patient (if available):**

- The source patient should be offered the antiviral and/or antibody testing. (informed consent must be obtained) for source patient selected within the hospital, this must be documented in the chart by the attending medical staff. If absence/absence of the source patient, follow the procedure for HBV, HCV or HIV. In the absence of symptoms of acute hepatitis or jaundice, the serological tests are less than 9 months, but can be up to 3 years.

- If the individual should be the last source for hepatitis B, if and only if source is unknown.

**Exposed individual:**

- Obtain information on the type of body fluid involved, the type of injury that occurred, the size of the inoculum and the source patient’s full name and hospital number in the exposure report. Pathogen Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the exposure report

- **Perform the following:***
  - Allow wound to bleed freely. Needlestick injuries should not be squeezed.
  - If exposed area involves the eyes, nose or mouth, thoroughly flush with water.
  - Request a standard for Intradermal skin testing and follow the Bloodborne Pathogens Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the exposure report

- **Perform the following:***
  - Wash off any contaminated clothing
  - Allow wound to bleed freely. Needlestick injuries should not be squeezed
  - If exposed area involves the eyes, nose or mouth, thoroughly flush with water
  - Request a standard for Intradermal skin testing and follow the Bloodborne Pathogens Exposure Report. If the source patient is known, it is important to record the source patient’s full name and hospital record in the exposure report

**Exposed individual:***

- Document personal exposure
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**Exposed individual:***

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HIV Post Exposure Prophylaxis Drug Regimens

The individual should be initiated within 6 hours of exposure, ideally within 72 hours, however, the interval after which there is no benefit from PEP is undetermined.

There are no human pharmacokinetic studies to establish the optimal minimal interval of HIV exposure to PEP and its dosing regimen for exposure to any single HIV regimen will depend on the infecting regimen. The recommendation for 3 drug regimens is based on the potential potency in management of transmitted integral HIV infection and the need to maximize virological effectiveness against transmitted drug resistance. The drug combination which should result in the highest concentration of effective antiretroviral drug concentrations in the systemic compartment is combination with tenofovir (PrEP) and may increase virological plasma concentration. Drug dosing is based on the viral regimen (CAB treatment failure) and may increase virological plasma concentrations of drugs that depend on 72 hours (as defined, replacement).

Cautions, Contraindications and Drug Interactions with dolutegravir

In the following list some of the major drug interactions identified, other drug interactions may not be listed.

<table>
<thead>
<tr>
<th>Cautions, Contraindications and Drug Interactions with dolutegravir</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dolutegravir</strong> (Tivicay®)</td>
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<tr>
<td><strong>Use with caution – dose adjustment may be required</strong></td>
</tr>
</tbody>
</table>

**Symptoms of use with caution**

- Emtricitabine and tenofovir are primarily excreted by the kidneys by a combination of active and passive processes. The urine is the major route of elimination for both active and unchanged drug. The route of elimination is not altered by changes in solute fractionation (e.g., tubular secretion).

**Cautions**

- Dolutegravir is a substrate of CYP3A4 and P-glycoprotein (P-gp) in vitro; therefore, drugs that induce those enzymes and / or receptors may reverse dolutegravir plasma concentrations and reduce the therapeutic effect of dolutegravir. Selecting drugs that inhibit these enzymes and / or receptors may increase dolutegravir plasma concentrations. Drug dosing is based on the viral regimen (CAB treatment failure) and may increase virological plasma concentrations of drugs that depend on 72 hours (as defined, replacement).

**Contraindications**

- Pregnancy test (P<25)
- History of serious allergy to dolutegravir, dolutegravir containing products, or any excipients of any of these products
- Use of dolutegravir in combination with another integrase inhibitor (e.g., raltegravir) is contraindicated.

**Drug Interactions**

- Dolutegravir extensive metabolizer (EM); hence, caution should be exercised when administering drugs that induce CYP3A4 and P-gp. The cytochrome p450 (CYP3A4) and P-gp pathways may increase the rate of dolutegravir metabolism and reduce plasma concentration of dolutegravir. Dolutegravir is a substrate of CYP3A4 and P-gp, and so, the plasma concentration of dolutegravir may be increased by drugs that inhibit those enzymes and / or receptors.

**Follow-up (of exposed individual in the Infectious Disease Clinic/CHSS or family MD)**

- Follow-up (of exposed individual in the Infectious Disease Clinic/CHSS or family MD) should follow policies of their professional regulatory body regarding disclosure of care and the exposure. The individual should be counseled to avoid smoking, heavy alcohol use, and non-prescription medications containing polyvalent mineral supplements.

**References:**

- All tests for HIV Ab should use a fourth generation combination p24 antigen-HIV antibody assay.
- Anti-HBc, if necessary (not SMH staff).
- If the source is known or suspected to be positive for HBV, the exposed individual should be counseled to avoid food contamination, and food and water treatment.

**Step 4b: PEP Management - HIV Exposure**

**Exposure**

- Sexual exposures, but may not be zero.
- Mucous membrane exposure to potentially infectious body fluid
- Percutaneous exposure to potentially infectious body fluid
- Non-occupational setting

**Follow-up**

- Reduced serum creatinine (CrCl) when source is known to be HIV-positive or HIV-seropositive.
- Medical care during the first 1-3 months post exposure.
- Follow-up tests.
- PEP is indicated for:
  - Sexual exposures, but may not be zero.
  - Mucous membrane exposure to potentially infectious body fluid
  - Percutaneous exposure to potentially infectious body fluid

**References:**

- Follow-up tests: First month: HIV Ab using a fourth generation combination p24 antigen-HIV antibody assay.
- Follow-up tests: Second month: 2 HIV antibody tests.
- Follow-up tests: Third month: 2 HIV antibody tests; if positive, HCV RNA.
- Follow-up tests: Fourth month: 2 HIV antibody tests; if positive, HCV RNA.

**Step 4c: PEP Management - HIV Exposure**

**Exposure**

- Sexual exposures, but may not be zero.
- Mucous membrane exposure to potentially infectious body fluid
- Percutaneous exposure to potentially infectious body fluid
- Non-occupational setting

**Follow-up**

- Reduced serum creatinine (CrCl) when source is known to be HIV-positive or HIV-seropositive.
- Medical care during the first 1-3 months post exposure.
- Follow-up tests.
- PEP is indicated for:
  - Sexual exposures, but may not be zero.
  - Mucous membrane exposure to potentially infectious body fluid
  - Percutaneous exposure to potentially infectious body fluid

**References:**

- Follow-up tests: First month: HIV Ab using a fourth generation combination p24 antigen-HIV antibody assay.
- Follow-up tests: Second month: 2 HIV antibody tests.
- Follow-up tests: Third month: 2 HIV antibody tests; if positive, HCV RNA.
- Follow-up tests: Fourth month: 2 HIV antibody tests; if positive, HCV RNA.

**Step 4d: PEP Management - HIV Exposure**

**Exposure**

- Sexual exposures, but may not be zero.
- Mucous membrane exposure to potentially infectious body fluid
- Percutaneous exposure to potentially infectious body fluid
- Non-occupational setting

**Follow-up**

- Reduced serum creatinine (CrCl) when source is known to be HIV-positive or HIV-seropositive.
- Medical care during the first 1-3 months post exposure.
- Follow-up tests.
- PEP is indicated for:
  - Sexual exposures, but may not be zero.
  - Mucous membrane exposure to potentially infectious body fluid
  - Percutaneous exposure to potentially infectious body fluid

**References:**

- Follow-up tests: First month: HIV Ab using a fourth generation combination p24 antigen-HIV antibody assay.
- Follow-up tests: Second month: 2 HIV antibody tests.
- Follow-up tests: Third month: 2 HIV antibody tests; if positive, HCV RNA.
- Follow-up tests: Fourth month: 2 HIV antibody tests; if positive, HCV RNA.
HIV Post Exposure Prophylaxis Drug Regimens

General Counseling Following a Significant Exposure

STEP 4b - PEP MANAGEMENT - HIV EXPOSURE 

HIV Post Exposure Prophylaxis Drug Regimens

The recommended HIV PEP regimen is:

- <b>Truvada® 1 tablet daily + Prezcobix® (darunavir/cobicistat 800/150mg) 1 tablet daily x 28 days</b>

The beneficial period of Truvada® is 72 hours, whereas the interval after which there is no benefit from PEP is undefined.

The risk associated with receptive and insertive oral sex is significantly lower relative to other sexual exposures, but may not be zero.

There are no human prospective controlled trials to establish the optimal minimum of HIV medication for PEP and no data demonstrating superiority of any single 3-drug regimen to prevent HIV infection. The recommendation for a 3-drug regimen is based on the potency in management of established HIV infection and the need to maximise effectiveness against HIV strains that are resistant to the agents in the regimen. The presence of resistance may increase adverse drug reactions and reduce the therapeutic effect of the 3-drug regimen. Emerging drugs that select for resistance in children and infants may impact on recommendations for use of PEP.

Counseling, Contraindications and Drug Interactions with Truvada

Before beginning any recommended PEP regimen, the following blood tests should be completed:

- Follow-up Tests:
  - <b>HIV Ab*</b>
  - 2 week: SCr (if started on PEP)
HIV Post Exposure Prophylaxis Drug Regimens

The recommended HIV PEP regimen is:

- Truvada® 1 tablet daily + darunavir 800mg daily + ritonavir 100mg daily × 28 days

or

- A confirmatory assay should be done to confirm a diagnosis of HIV infection if a test result is positive.

Follow up of exposed individual in the Infectious Disease Clinic (at 6 weeks or family Dr.)

- β-HCG
- HIV Ab*
- Anti-HBc, if necessary (not SMH staff)
- HBsAg

* Not done if no risk factors for HIV or if the exposed individual is non-immune at the time of exposure.

Alternative antiretrovirals may be required if the source virus is known to be susceptible to the above HIV PEP regimen, or in situations of drug interactions. Other regimens that could be considered include the following:

- Truvada® twice daily + efavirenz 600mg daily × 14 days

or

- Truvada® twice daily + tenofovir disoproxil fumarate 300mg daily + emtricitabine 200mg daily × 28 days

If the source patient’s HIV status is unknown, the recommended regimen is: 2 tablets once daily × 28 days

Treatment should be initiated within hours of exposure, ideally within 72 hours, however, the interval after which there is no benefit from PEP is undefined.

Contraindications to PEP:

- Risk associated with receptive and insertive oral sex is significantly lower relative to other oral-vaginal contact, oral-anal contact, penile-oral contact

Counselling and Follow-up:

Data do not support the use of immune globulin (IG) or antiviral agents, and thus these agents are NOT recommended

Step 4c PEP MANAGEMENT - MUCOUS MEMBRANE EXPOSURE

A mucous membrane exposure to a potentially infectious body fluid (e.g. receptive or insertive, vaginal or anal intercourse, injection of intramuscular or subcutaneous medications, or needle-sharing) increases the risk of infection.

The recommended HIV PEP regimen is:

- Tenofovir 300mg + emtricitabine 200mg + dolutegravir 50mg × 28 days

If the source is known, suspected or found to be positive for HBV, the exposed individual should be counseled on the signs and symptoms of acute retroviral syndrome (within 2-14 days after exposure) to identify any new infections.

Careful consideration should be given to drug interactions when using antiretroviral PEP, including the importance of adherence to correct use of PEP.

Follow up of occupational exposure following occupational HIV PEP is indicated if diagnosis of HIV infection is confirmed, or if the exposed individual is non-immune to HBV, HCV or HIV.

Conclusions and summation of all tests

General counselling following a significant exposure

The individual should receive counselling regarding the risk of transmission following exposure to blood or potentially infectious fluid (Refer to the Transmission Score)

If the source exposure occurred on site by a partner or co-worker, the exposed individual is non-immune to Hepatitis B, Hepatitis C, or HIV, or the individual is non-immune to Hepatitis B, Hepatitis C or HIV, respectively, however, the exposure occurred during the first 72 hours post-exposure, the individual should be counselled on the signs and symptoms of acute retroviral syndrome.

Follow up of occupational exposure

Following occupational HIV PEP:

2 week: Serum creatinine for potential PEPTAD

16 week: Anti-HIV (HIV Ab) or a fourth generation combination p24 antigen HIV and antibody test

If seroconversion occurs, a confirmatory assay should be done to confirm a diagnosis of HIV infection if a test result is positive.
**PEP Management - HIV Exposure**

**STEP 4b**

**HIV Post Exposure Prophylaxis Drug Regimens**

**Use with caution – dose adjustment may be required**

- **Emtricitabine and tenofovir disoproxil fumarate** (Truvada®)
- **Dolutegravir and emtricitabine/tenofovir disoproxil fumarate** (Tivicay® and Prida®)
- **Efavirenz, etravirine, nevirapine, lamivudine, didanosine, stavudine, abacavir, 3TC, FTC**

**STEP 4c**

**Follow-up Tests:**

1. **Baseline (within 24 hours of exposure):**
   - HIV antibody
   - HIV RNA
   - Viral load

2. **6 weeks after exposure:**
   - HIV antibody

3. **10-12 weeks after exposure:**
   - HIV antibody

4. **16 weeks after exposure:**
   - HIV antibody

**GENERAL COUNSELLING AND SUMMARY OF ALL TESTS**

**Counselling Following a Significant Exposure**

- **Follow-up regimen:**
  - “[name] should receive counseling regarding the risk of transmission following exposure to blood or potentially infectious fluid (bone fluid of therapeutic aspiration).”

**Follow-up of exposure individual in the Infectious Disease Clinic (IDC) or Family Health Team (FHT):**

1. **Exposure history:**
   - AIDS risk
   - PEP regimen
   - Use of combination antiretrovirals may further reduce this risk of infection

2. **HIV antibody testing:**
   - Must be tested at 6 weeks, 12 weeks, and 26 weeks after exposure
   - Must be tested for other infections
   - May be tested for hepatitis B or C

3. **Additional counseling:**
   - Prevention of pregnancy
   - Prevention of sexual transmission

**Follow-up visits (graded risk):**

- **Low risk:**
  - No further testing necessary
  - Return to normal activities

- **Medium risk:**
  - 6 weeks follow-up
  - Return to normal activities

- **High risk:**
  - 6 weeks follow-up
  - Return to normal activities
  - Consider referral to IDC or FHT

**Follow-up visits for high-risk exposure:**

- **Immediate follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **6 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **12 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

**Follow-up visits for medium-risk exposure:**

- **Immediate follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **6 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **12 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

**Follow-up visits for low-risk exposure:**

- **Immediate follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **6 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

- **12 weeks follow-up:**
  - HIV antibody testing
  - Viral load testing
  - Antiviral treatment

**References:**

- **Full document at:**

**Pocket P.E.P.**

**Clinical management of non-occupational and occupational exposure to blood borne pathogens**

**Faculty of Medicine, University of Toronto**

**St. Michael's**

**Innovate Care. Inspiring Science.**
References


