

## Post-exposure Prophylaxis (PEP) for HIV

UPDATED: February 2016

**The exposed should report ASAP to Occupational Health or to ED after hours and on weekends.**

If exposure is high risk for HIV- the goal is to Start PEP as soon as possible, ideally < 2 hours after exposure. We **recommend that you page the ID Staff on Call to get input on the need to start PEP and therapy. If the source patient is known HIV positive**, then need to consider HIV treatment history, HIV resistance profile and last HIV viral load of the source to determine PEP regimen. **Page ID staff on call.**

**PEP evaluation** includes-

### **Evaluation of the Exposed employee:**

1. Local wound care
2. Record details of the incident (who, what, when)  
Determine type of exposure
  - Percutaneous – risk of HIV transmission 0.3%
  - Mucous membrane – risk of HIV transmission 0.09%
  - Non-intact skin exposure is estimated to be less than mucous membrane.Risk is higher if: higher viral load in the source, instrument is visibly contaminated, instrument was placed directly into an artery or vein, hollow bore needle or a deep injury.
3. labs (irrespective of whether PEP is given)- HIV Antigen/Antibody screen, HBsAg, HBsAb, HBcAb and HCV antibody, urine pregnancy test (when appropriate). Labs can be easily accessed through- CPRS Medicine Outpt Orders→32 Occupational Health Orders→Blood Borne Pathogen Program Labs.
4. Need for PEP
5. Need for Tdap
6. Inform, counsel, plan follow up

The ED charge nurse should request the employee complete the ***Employee Worksheet and Written Opinion for Evaluation and Treatment of Employee with Potential Occupational Exposure to Blood borne Pathogen ( VAF 10-2500) form*** (most often pink color). A copy is issued to the employee and the original form is sent to Employee Occupational Health 111H.

As usual, an employee served in the ED must have all notes made using Employee Health title to protect their privacy making no mention of the source individuals identity.

### **Evaluation of the Source patient:**

1. Call the right person for source patient verbal consent: M-F during business hours, it is the Primary Care MRTS social worker on call, page 612-818-7527. Call the MOD after hours, weekends and holidays. Document consent in a source-patient CPRS note not identifying the employee.
2. Labs on source: HIV RAPID qualitative, HBsAg, HBsAb, HBcAb and HCV antibody unless recent sero- status labs are available for source patient. Labs can be easily accessed

through- CPRS Medicine Outpt Orders→32 Occupational Health Orders→Blood Borne Pathogen Program Labs.

The source patient's name, last 4 of the SSN, and location should be written on the form **Source Patient Worksheet (VAF 10-1068)** (most often white) and must be mailed to Employee Occupational Health 111H.

**When is PEP prescribed?**

We would strongly encourage paging the ID staff on call to discuss. An additional help line is **National PEP line (888-448-4911) available daily from 8 am – 1 am CST.**

Consider PEP in case of a significant exposure if the source patient is known HIV + or if the source is known to be at higher risk for HIV but refuses the test or the information is otherwise unavailable, including delays in obtaining the rapid HIV test on source. The employee must be informed and counseled by the provider prior to PEP. PEP must be started as soon as possible after exposure.

**If PEP is indicated:**

- In addition to above labs please also obtain baseline CBC, Bun, Cr, electrolytes, LFTs on the employee

**After emergency PEP, the employee needs follow-up and MUST be counselled to go to Employee Occupational Health 4M123 the next business day.**

**What PEP regimen is recommended?**

If the source patient is HIV positive then page ID. If the source patient's HIV status is unknown, then we recommend the below for PEP (low toxicity and good tolerability):

Emtricitabine 200mg PO qdaily + Tenofovir 300mg PO qdaily (available as a combination pill), needs dose adjustment for renal function

**PLUS**

Dolutegravir 50mg PO qdaily

**It is important to give the first dose as soon as possible after exposure, then once daily.**

**Order a 5 day emergency supply of the medication through CPRS Antimicrobial CDSS pathway: CPRS-> OUTPATIENT Menu→ Antimicrobial CDSS->**

**(67) Post-Exposure Prophylaxis for Occupational Exposure to HIV**

The medications can be taken with or without food.

Possible side effects are infrequent but may include: nausea, vomiting, diarrhea, rash, fever, headaches, insomnia, arthralgias, fatigue, abdominal pain/hepatitis, renal dysfunction, rare lactic acidosis.