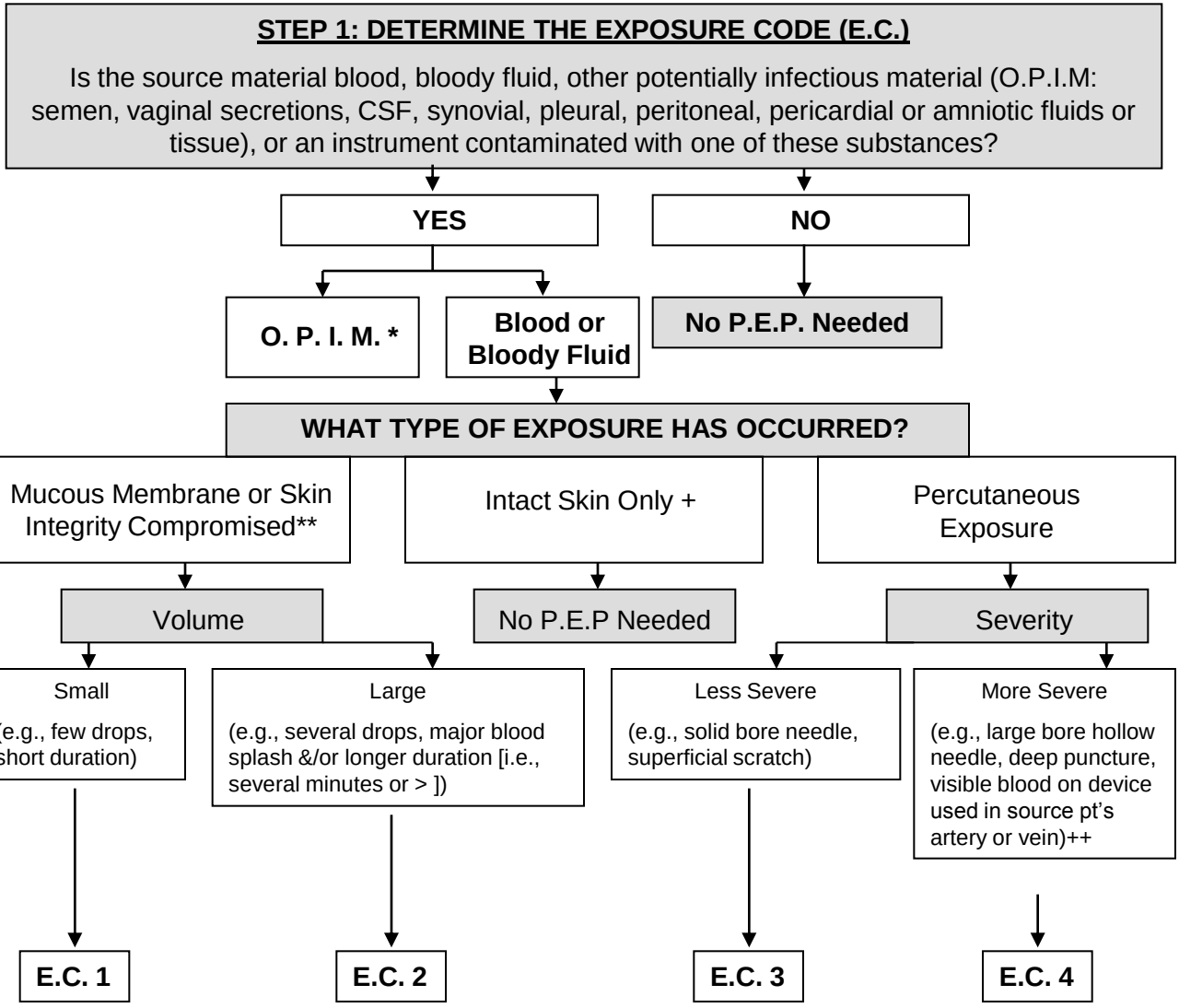
DETERMINING THE NEED FOR HIV POST EXPOSURE PROPHYLAXIS (P.E.P.) AFTER AN OCCUPATIONAL EXPOSURE



*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.

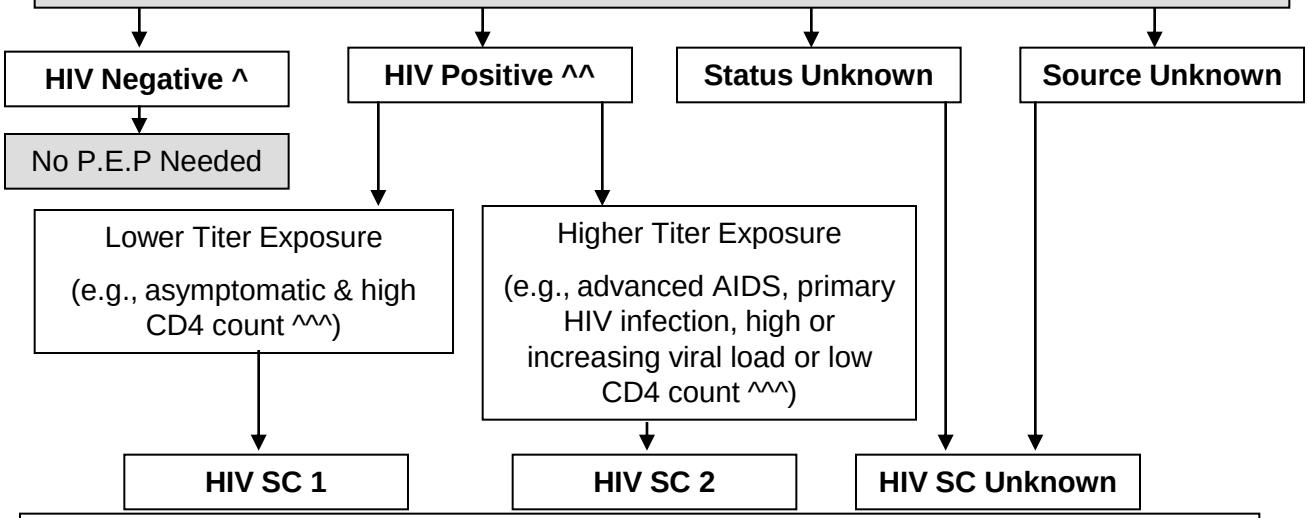
+Contact with intact skin is not normally considered a risk for HIV transmission. However, if the exposure was to blood & the circumstances suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIB transmission should be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



^ 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. RECOMMMENDATION:
1	1	**P.E.P. may not be warranted.** 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 & the treating clinician.
1	2	**Consider basic regimen.** 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	**Recommend basic regimen** Most HIV exposures are in this category; no increased risk for HIV transmission has been observed but use of PEP is appropriate.
2	2	**Recommend expanded regimen .** Exposure type represents an increased HIV transmission risk.
3	1 or 2	**Recommend expanded regimen** Exposure type represents an increased HIV transmission risk.
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.**

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 Ritinavir 50 mg) **2 tablets po BID**

{ updated 9/09}