

Prince Edward Island Blood and Body Fluid Exposure Guideline

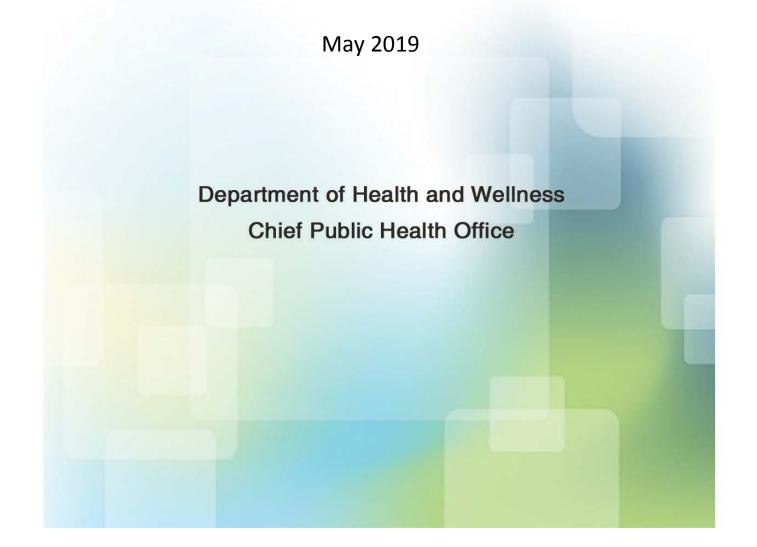


Table of Contents

1.	Introduction	. 3
2.	Goals	. 3
3.	Definitions	. 3
4.	Immediate Post-Exposure Procedure	. 4
5.	Follow Up Procedure	. 4
6.	Attending Physician / Delegate	. 5
7.	Sexual Exposure	. 5
8.	Appendices	. 5
R⊿f	erences	6

1. INTRODUCTION

Exposure to blood and body fluids (BBF) in a community or healthcare setting (via a needlestick, sharp, or splash) is a public health concern.

These guidelines are designed for Health Care Providers involved in assessing and/or treating persons exposed to potential infections of hepatitis C virus (HCV), hepatitis B virus (HBV), or Human Immunodeficiency Virus (HIV).

2. GOALS

The goal of this guideline is to provide the information to support the risk assessment and clinical management of persons exposed to BBF, in order to reduce the risk of transmission of bloodborne viruses.

3. DEFINITIONS

Bloodborne pathogen - Any pathogen that can be transmitted from one person to another via blood. Pathogens may also be transmitted by other body fluids. The mode of transmission varies depending on the pathogen, the type of body fluid and the nature of the exposure.

BBF - Blood and Body Fluid

BBF exposure - An event where a person is exposed to potentially infectious blood and bodily fluids through one of the following:

- Percutaneous exposure through puncture of skin by needlestick or another sharp object
- Permucosal exposure through contact with mucous membranes
- Non-intact skin exposure through eczema, scratches, and damaged skin
- Sexual exposure through sexual activity

CPHO - Chief Public Health Office

RASP - Risk Assessment Stratification Protocol to determine PEP recommendation for HIV

Post-exposure prophylaxis (PEP)- Short-term treatment started as soon as possible after high-risk exposure to an infectious agent such as: HIV or hepatitis B virus (HBV). The purpose of PEP is to reduce the risk of infection. Specific direction regarding PEP for HBV and HIV can be found in Appendix E Post-Exposure Prophylaxis (PEP) Recommendations. There is no PEP for HCV but treatment is available.

SDM - Substitute Decision Maker

4. IMMEDIATE POST-EXPOSURE PROCEDURE

Needlestick:

Allow free bleeding of the wound. Do not squeeze the wound as this may destroy surrounding tissue. Wash injured area thoroughly with soap and water. Do not use bleach.

Mucous membranes (eye, nose mouth):

Flush the area(s) thoroughly with copious amounts of water or normal saline solution.

Skin:

Wash thoroughly with soap and water. Do not use bleach.

5. FOLLOW UP PROCEDURE

- 5.1 If the exposure occurred in an occupational setting:
 - Notify the Manager/Supervisor in the work area
 - Initiate Workers Compensation paperwork following the incident.

The health care provider involved in assessing /treating the exposed person should:

- 5.2 Fill out the Blood and Body Fluid Exposure Worksheet (Appendix A).
- 5.3 If completion of sections 1 and/or 2 of the *Blood and Body Fluid Exposure Worksheet* confirms **NO significant exposure** then no futher action is required.
- 5.4 If completion of sections 1 and/or 2 of the *Blood and Body Fluid Exposure Worksheet indicates* significant exposure <u>is</u> confirmed, follow steps provided in section 3 of the *Worksheet*.
- 5.5 Assess the risk of the source fluid by completing the *Source Risk Assessment* (Appendix B) with the Source or the Substitute Decision Maker (SDM). This form is completed using the information available. If the source refuses testing, treat as an unknown source. Testing for the source should be ordered STAT.
 - Unknown Source If the source is unknown and the exposure is significant, the
 exposed should proceed to the nearest Emergency Department for assessment
 and blood work.
 - Known Source Complete the Source Risk Assessment (Appendix B). If the source is available for testing, order serology testing for the source (needlestick source and page QEH microbiology staff if source is a patient in the hospital).

NOTE: If the exposure was from a discarded needle in the community setting, PEP is not required.

- 5.6 If the source is considered to be high risk order the "needle stick exposed" panel in CIS. If ordering from a community setting order the following tests: ALT, ALP, HBAB, HBAG, HCV, HBC, HIV, CBC, Urea, Creatinine, Electrolytes, Total Bilirubin.
- 5.7 Complete the treatment section (Tables 1 and 2) of the Body Fluid Exposure Worksheet.
- 5.8 Provide exposed person with the Blood and Body Fluid Exposure Fact Sheet (Appendix C).
- 5.9 Provide support, education and counselling to the exposed person.
- 5.10 Arrange for follow up testing as required.

6. ATTENDING PHYSICIAN / DELEGATE

- 6.1 Review Tables 1 and 2 of the Blood and Body Fluid Exposure Worksheet.
- 6.2 Review RASP decision tool (Appendix D) for HIV PEP.
- 6.3 If HIV PEP is required:
 - Prior to ANY PEP (Post Exposure Prophylaxis) medication being started, perform a **urine pregnancy test** on any woman of child-bearing age.
 - A full review of current medications is required for potential interactions with HIV PEP medications. HIV PEP medication recommendations are found in *Post-Exposure Prophylaxis (PEP) Recommendations* for Significant *Exposure to Blood and Body Fluids* (Appendix E). Four day starter packs are available in QEH and PCH ERs.
 - If HIV PEP is given, advise exposed person to follow up with their health care
 provider within 72 hours of initiating HIV PEP. Those receiving HIV PEP should
 be seen by a health care provider within 72 hours of starting HIV PEP to provide
 a further medication prescription (24 days) and assessment for tolerance to
 medication.
 - Notify the CPHO if PEP is required and the exposed person does not have a family physician/NP
 - Prescriptions for the remaining 24 days of treatment should be faxed to the Provincial Pharmacy using the appropriate fax form. If the exposure is work related, Workers Compensation paperwork must be filed for coverage of the cost of medication. If the situation is not work related and cost of PEP is a barrier, notify the CPHO.

6.4 If Hepatitis B PEP is required:

- 6.4.1 Refer to Post-Exposure Prophylaxis (PEP) Recommendations for Significant Exposure to Blood and Body Fluids (Appendix E). The initial dose of HBIG and Hep B vaccine is given in the ER.
- 6.4.2 Instruct client to contact Public Health Nursing for completion of the vaccine series.

7. SEXUAL EXPOSURE

For a sexual assault please see the Sexual Assault orderset for testing instructions. Treatment would be as noted in Post-Exposure Prophylaxis (PEP) Recommendations for Significant Exposure to Blood and Body Fluids.

8. APPENDICES

- A. Blood and Body Fluid Exposure Worksheet
- B. Source Risk Assessment
- C. Blood and Body Fluid Exposure Fact Sheet
- D. Risk Assessment Stratification Protocol (RASP) for use by health care professionals when discussing postexposure prophylaxis for HIV exposure
- E. Post-Exposure Prophylaxis (PEP) Recommendations for Significant Exposure to Blood and Body Fluids
- F. Provincial Pharmacy Fax Form

REFERENCES

- British Columbia Centre for Excellence in HIV/AIDS (BC-CfE). (2017) HIV post-exposure prophylaxis (pep) guidelines. May 2017. Accessed Aug13, 2017 at:

 http://cfenet.ubc.ca/sites/default/files/uploads/publications/centredocs/pep_guidelines_final_may_2_017.pdf
- British Columbia Centre for Excellence in HIV/AIDS (2009). Therapeutic Guidelines: Accidental Exposure Guidelines. Accessed April 22, 2013 at: http://www.cfenet.ubc.ca/sites/default/files/uploads/docs/Accidental Exposure Therapeutic Guidelines_Nov82010.pdf
- Tan, D.H.S., et al. (2017). Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. *CMAJ* November 27;189:E1448-58. doi: 10.1503/cmaj.170494
- Capital Health (2014). Accidental Exposure to Blood and/or Potentially Infectious Body Substances-Employee/Physician (CH 15-070). Halifax, NS.
- Centers for Disease Control and Prevention (2013). CDC guidance for evaluating health-care personnel for hepatitis B virus protection and for administering post-exposure management. Morbidity and Mortality Weekly Report, 62, No 10, 1-16.
- Centers for Disease Control and Prevention (2013). Updated U.S. public health service guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. Infection Control and Hospital Epidemiology, 34, No. 9, 875-892.
- Centers for Disease Control and Prevention (2005). Updated U.S. public health service guidelines for the management of occupational exposures to HIV and recommendations for post exposure prophylaxis. Morbidity and Mortality Weekly report, 54, No. RR-9, 1-17.
- Centers for Disease Control and Prevention. (2001). Updated U.S. public health service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for post exposure prophylaxis. Morbidity and Mortality Weekly Report, 50, No. RR-11, 1-52.
- Manitoba Communicable Disease Control (2009). Integrated Post-exposure Protocol for HIV, HBV, & HCV: Guidelines for Managing Exposures to Blood and Body Fluids (2009) Accessed May 10, 2013 at: http://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp.pdf
- Mountain Plains AIDS Education and Training Center. (2014). PEP steps: A quick guide to post-exposure prophylaxis in the health care setting. Accessed February 12, 2015 at: http://www.mpaetc.org/MPAETC/media/MPAETC/Product%20Downloads/pep_steps.pdf
- Ontario Hospital Association and the Ontario Medical Association. (2012). Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals.
- Public Health Agency of Canada. (2002). Infection control guidelines: Prevention and control of occupational infections in health care. Canada Communicable Disease Report, Volume 28S1, 1-264.

Appendix A Blood & Body Fluid Exposure Work Sheet



Exposed Person/Source Demogr	aphic Data					
Name of Exposed						
Section 1: Significance of Expos	sure. Select type of	of exposure(s) that	apply.			
Percutaneous (any puncture) Non-intact Skin (cut, chapped, abrade Mucous membranes (eyes, mouth, no Any of the above, proceed to se	ose, vagina, anus)	 None of the options listed in the left column. No PEP is required. No further action required. 				
Section 2: Fluid Type Exposure	Select the fluid ris	k that applies.				
Low risk fluid:		High risk fluid	t:			
Saliva, sputum, nasal secretions, sweat, to vomit or screen blood product are low risk by visible blood.		Blood, tissue, genital, amniotic, cerebrospinal fluid (CSF), pleural, synovial or any fluids with visible blood.				
No further action required. Proceed to section 3.						
Section 3: Exposure Severity Sel	ect the severity of e	exposure that applies				
Blood Exposure 3 More severe (hollow bore needle, deep puncture, blood visible on device, needle used in artery or vein) 2 Less severe (solid needle, superficial scratch) Check the corresponding number in Table 1 (end of document). Mon intact skin/mucous membrane exposure 2 Large volume (greater than 5 mls, duration greater than 5 minutes, large area exposed) 1 Small volume (less than 5 mls, duration 5 minutes or less, small area exposed) Check the corresponding number in Table 1 (end of document).						
Section 4: Exposed Hepatitis B s	status.					
0 Immune or HepB Positive HBsAb greater than 12 IU/L at any time or has had 3 dose series Skip section 5 Go to section 6 4 Susceptib HBsAb (antibodies) did not receive 3 do Transfer # to Table section 5) less than 12 IU/L, Results for HBsAb and HBsAg				
Section 5: Source Hepatitis B Status – refer to Source Risk Assessment.						
Negative Source is HBsAg negative within the last 3 months and has no risk factors according to the Source Risk Assessment form. No Hep B PEP needed. Continue to Section 6.	the last + HBsAg or risk factors identified in the Source Risk Assessment form or source unknown but a high risk situation or area. Transfer letter to Table 2 and continue to Section 6. —P Pending Blood work to be drawn on the Source for HBsAg if past results not available. Transfer letter to Table 2 and continue to Section 6.					

Appendix A Blood & Body Fluid Exposure Work Sheet



Section 6: Source HIV status- refer to Source Risk Assessment.						
Negative	F Risk factors	H Positive HIV status				
HIV screen negative and no risk factors according the Source risk assessment form.	Risk factors identified and HIV screening results unknown or source unknown Transfer letter to Table 1.	Transfer letter to Table 1.				
Proceed to Table 2.						

Table 1. HIV PEP Medication Recommendations

Select the number from Section 3 and the letter from Section 6 wherever they appear in the table below. **When 2** boxes in the recommendation row are checked, follow the treatment provided in the row to the right.

Select the number from Section 3.	Select the letter from Section 6.	HIV PEP Recommendations	
Exposure Severity	Source HIV Status		
1	F	HIV PEP NOT recommended – Exposure does not pose a known risk for HIV transmission	
1	H	Extremely low risk for HIV transmission	
2	F	PEP is optional and should be based on an individual basis and a discussion between the person exposed and the Health Care Provider.	
3	F	Appendix D for recommendations	
2	Н	Increased risk for HIV transmission, PEP should ideally be given within 2 hours after exposure but may be given up to 72 hours from the time of exposure. HIV PEP should	
3	н	be determined on a case by case basis between the exposed person and Health Care Provider. Appendix D for recommendations	

Table 2. Hepatitis B PEP Recommendations

Select the number from Section 3 and the letter from Section 6 wherever they appear in the table below. **When 2** boxes in the recommendation row are checked, follow the treatment provided in the row to the right.

Select the number from Section 4 . If no number applies No Hepatitis B PEP required.	Select the letter from Section 5 .	Hepatitis B PEP or Vaccine Recommendations		
Exposed HBV status	Source HBV status			
0		Exposed person is already Hepatitis B immune or disease positive. No Hepatitis B PEP or immunization is required.		
4	P	Results pending on Exposed and/or Source HBV testing. If results will not be available within 24 hours consider Hepatitis B PEP. Appendix D for recommendations.		
4	I	Exposed is susceptible or results pending and Source is infected. Recommend Hepatitis B PEP (HBIG and HBV vaccine if Exposed is non-immune). Appendix D for recommendations		
Completed by:		Date & Time:		



Appendix B

Source Risk Assessment

Exposed name:			Exposed MRN:			
Source name:			Source MRN:			
Source Information Collected by:						
Location of e	exposure	Date):			
How was th	e Information from the	Source Risk assessr	ment completed:			
From Sou	rce Source unable	/unavailable	om substitute decision maker (SDM)	So	urce Ur	willing
		PREVIOUS	S SOURCE TESTING			
Known Source	e Testing History for (testi	ng done within the last	3 months can be used)			
Hepatitis B	□ Positive HBAG	□ Negative HBAG	☐ HBAG not tested in last 3 months	S		
Hepatitis C	☐ Positive HCV screen	□ Negative HCV scre	en 🗆 HCV screen not tested in last 3 i	months		
HIV	□ Positive HIV	□ Negative HIV	☐ HIV not tested in last 3 months			
		Section #1	Risk Factors			
Check the so	ource patient response to t	hese questions		No	Yes	Uncertain
Have you ever been told you are HIV positive?						
	ever been told you have Her					
	ever been told you have Hep					
	had sexual or blood contact					
			positive blood test for Hepatitis B or C?			
	ever injected non-prescriptio					
	ever had sex with someone		•			
			vith someone living on the street?			
	ever traded money for sex o			 		
	male who has sex with other had unhygienic tattoo or boo		oog or pigraings done with	<u> </u>		
	needles used on two or more individuals without sterilization or from amateur or mobile operators? 12. Have you or a member of your household ever lived in Sub-Saharan Africa, South Asia or					
Southeast Asia?						
Section #2:	Based on the above for	mation provided, the	source has been designated the fo	ollowing	a risk lev	/el:
	Source (no risk factors ide					
□ Low Risk Source (only answered yes to question 11)						
☐ High Risk Source (identified risk factors and/or known HIV, Hep B, Hep C positive, answered YES to one or more questions						

Obtain verbal consent from source. Order testing if Source is low risk or high risk.

Information from this form to be used for section 5 and 6 of the Blood and Body Fluid Exposure Worksheet.

Appendix C Blood and Body Fluid Exposures Fact Sheet



What is an exposure?

An exposure to infected blood, tissue or other potentially infectious body fluids can occur by a puncture from a used needle or by a cut with a sharp object that has had contact with blood and body fluids. It can also occur after a large splash that involves contact with mucous membranes (eyes, nose, mouth) or significant areas of skin that is chapped or broken. An exposure potentially increases the risk of acquiring Hepatitis B, Hepatitis C and HIV.

Body fluids capable of transmitting Hepatitis B, C, and/or HIV:

- Blood
- Breast Milk
- Semen
- Vaginal Secretions
- · Other fluids that surround joints/organs in the body

The following body fluids do not pose a risk of transmitting Hepatitis B, Hepatitis C, and HIV <u>unless they</u> contain visible blood:

Urine Nasal secretions Feces Sputum Saliva Vomit Tears Sweat

The risk of infection with Hepatitis B, Hepatitis C, or HIV is dependent on:

- the amount of fluid you've been exposed to → more fluid = higher risk
- the amount of time you were in contact with the fluid → more time = higher risk
- the person you've been exposed to → the more ill with the disease (Hepatitis or HIV) = higher risk
- the depth of the wound → deeper wound = higher risk
- the type of device → injury with a hollow bore, blood-filled needle = higher risk
- the type of fluid you've been exposed to → blood = higher risk

What should you do when you've had an exposure?

First aid:

- Wash the injured/exposed area well with soap and water.
 - For a splash to your eyes, flush with water or saline solution.
 - For a mucous membrane exposure (mouth or nose) or skin exposure, flush with water.
- Report the injury to your supervisor if it was an occupational injury and begin the workers compensation paper work.

February 2019 Page 1 of 2

Appendix C Blood and Body Fluid Exposures Fact Sheet

Do I need to go to the ER?

It is advisable you visit the ER if:

- the source is known to be HIV (+), or has risk factors for HIV
- the source is known to be Hep B (+) and you have never been immunized for Hepatitis B or have been told you are a "non-responder"
- the source of the blood/body fluid is unknown
- you have had a "high-risk" exposure:
 - → a deep, percutaneous injury
 - → injury with a device that was inserted directly into the patient's artery or vein
 - → injury with a large bore, hollow needle

In the ER your exposure will be evaluated to determine if there is a need for post-exposure prophylaxis (PEP), which is a medication that is given to reduce the risk of infection with HIV and or Hepatitis B. The evaluation considers the type of exposure/injury you have had and the patient you have been exposed to. PEP should be given as soon as possible after a high risk exposure.

In order to protect yourself and others, please refrain from the following until serology results of the person you've been exposed to are known:

- Unprotected sex
- Donating blood, semen, organs or tissues
- Sharing personal hygiene items such as toothbrush/razor/nail files

What follow-up will be done?

A Health Care Provider will investigate the injury and circumstance and arrange to have blood work completed on you and the source, if available. Depending on the sources blood work results, you may be advised to have follow-up blood work done 1 and 3 months after the exposure; this will also be the case if you have been exposed to an unknown source. A Health Care Provider will contact you to advise of all blood work results.

February 2019 Page 2 of 2

Risk Assessment Stratification Protocol (RASP) to help patients decide on the use of postexposure prophylaxis for HIV exposure

Les Vertesi, MD, MHSc

SEE ALSO PAGES 35, 36 AND 38.

Introduction

All risks are relative. The response of most people to risks however, comes not from rational processes, but from fear. Situations in which HIV prophylaxis must be considered put emergency physicians into a difficult position. Guidelines are fine in theory, but in practice, people exposed to something as fear-inspiring as HIV are usually not in a position to make logical choices. The Risk Assessment Stratification Protocol (RASP) (Fig. 1) uses the principles of Bayesian analysis to give people a way to make decisions under these circumstances, by putting their risk into perspective alongside risks that we all take in our everyday lives. Table 1 is a useful guide to help patients understand what various levels of risk really mean.

There is one important caveat. Probabilities look like numbers and therefore tend to be used as measurements. They are not, however, really numbers, but estimates, which means they cannot have exact values. To illustrate, probabilities of 1/1000 and 1/1100 are for all intents and purposes the same thing. When discussing probabilities of this nature, only large differences are important. This protocol assumes that the minimum relevant difference for decision-making purposes is one order of magnitude (a factor of 10). So even if some of the values in the RASP formula are not precise, it makes little difference because they would need to be out by a factor of 10 to substantially alter any decisions.

Using the RASP

Steps A, B, and C assess the probability of exposure to the virus by assigning a score to each of the major risk fac-

tors. Bayes' theorem tells us that probabilities that occur in sequence are multiplied together to give a net probability, so the product of these 3 scores ($A \times B \times C$) forms the denominator for the "Basic Risk." Step D gives us a multiplier, or numerator for the Basic Risk. Together they give us the "Total Risk" of contracting HIV from the given exposure. The values used in Steps A to D have been adjusted to reflect as closely as possible the actual experience in an average Canadian community. In places with a different prevalence of disease, these would need to be modified.

Example 1

A hospital worker is pricked by a needle from a known HIV carrier who does not have clinical AIDS. In this case, value A = 10, value B = 1, and value C = 100. $A \times B \times C = 1000$ so the Basic Risk is 1/1000. Assuming we are dealing with a small-bore 25-g needle, the multiplier is 3, so the Total Risk is 3/1000 or approximately 1 in 300. This is a small risk, but definitely worth treating.

Example 2

A hospital worker is pricked by an old needle from a hospital garbage tray of unknown age, but probably at least 24 hours old. The wound is small, and there is no bleeding. In this case value A=1000, value B=100 and value C=200. The Basic Risk then is 1 in 20 000,000. Even if this is a large-bore 18-g needle (modifier value = 5), the Total Risk is still only 1 in 4 million, about equal to your lifetime risk of being on a bridge when it collapses. This exposure is not worth treating.

The treatment thresholds suggested in Table 2 are merely suggestions but they follow the principle that if

From the Royal Columbian Hospital, New Westminster, BC

Submitted: Nov. 12, 2001; final submission: Feb. 11, 2002; accepted: Mar. 1, 2002

-	Identify source population (choose one):	Score
	Known HIV carrier: Acute AIDS illness*	1
	Asymptomatic	10
	Unknown HIV status: High-risk situation†	100
	Low-risk situation (other)	1000
		A value =
Step B.	Identify inoculum type (choose one):	
	Fresh blood	1
	Body fluids at risk (e.g., semen) Dried old blood	10 100
	Low-risk secretions (tears, saliva, urine)	1000
		B value =
Step C.	Identify method of transmission (choose one):	
	Intravenous	
	Deep intramuscular Deep transcutaneous with visible bleeding at site	10 100
	Superficial transcutaneous with no visible bleeding	
	Mucosal contact only	50
	Intact skin	100
		C value =
Total sc	ore (Z) = A × B × C = AND Basic risk Estimate volume of inoculum (choose one):	= 1 / Z = Modifie
Step D.	Estimate volume of moculain (choose one).	
Step D.	Massive (e.g., transfusion)	100
Step D.	Massive (e.g., transfusion) Measurable (> 1 mL)	10
Step D.	Massive (e.g., transfusion) Measurable (> 1 mL) Moderate (large-bore hollow needle > 22 g)	10 5
Step D.	Massive (e.g., transfusion) Measurable (> 1 mL)	10

Fig. 1. Risk Assessment Stratification Protocol (RASP) for possible HIV exposure

*End-stage AIDS, hospitalized, known high-viral load

†Suspected HIV, injection drug user, unknown needle with high local prevalence of HIV

Table 1. Risks in everyday life	
Risk of dying in the next 12 months	
Overall risk of dying <u>in the next 12 months</u> (all causes) Specific causes of death <u>in the next 12 months</u>	1/3 000
from a lightning strike	1/2 000 000
in an accident in your bathtub or shower	1/1 000 000
from a previously unknown allergy to a prescribed drug	1/1 000 000
by choking to death on food	1/160 000
in a bicycle accident (if you own a bicycle)	1/130 000
from toxic shock if you use tampons	1/100 000
• by drowning	1/50 000
• from a fire	1/50 000
as a pedestrian hit by a car or truck	1/40 000
• in a work-related accident (office workers)	1/37 000
• from a fall	1/20 000
• in a work-related accident (overall)	1/11 000
by being murdered	1/11 000
 while jogging (average 2 h/wk) 	1/10 000
in a road accident	1/6 000
from any kind of accident	1/3 000
Other risks	
risk of dying on your next commerical jet flight	1/5 000000
lifetime risk of being on a bridge when it collapses	1/4 000 000
risk of dying if you get influenza	1/5 000
 risk of being diagnosed with cancer in the next 12 months (overall death rate 50%) 	1/3 600
• risk of being diagnosed with lung cancer in the next 12 months if you are (or were) a smoker (overall death rate about 90%)	1/250
 risk of having a heart attack in the next 12 months if you are over 35 years of age 	1/77

Table 2. Risk level and treatment recommendation				
Risk level Suggested treatment				
< 1/1000	Definitely indicated			
1/1000-1/10 000	Recommended but optional			
1/10 001-1/100 000	Optional but not recommended			

Not indicated

>1/100 000

Wiley & Sons Inc.: 1994.

something reasonable can be done to minimize risks that are greater than those encountered in daily life, it should be done. For example, our chance of being hit and killed by a car may not be enough to fret about, but it is certainly enough for us to take reasonable precautions, such as using

crosswalks as long as they are not too far out of our way. On the other hand, trying to take precautions against being struck by lightning makes no sense because that may involve actions that are at least as risky as the problem we are trying to avoid. Antiretroviral therapy is not without side effects, and even if these are not lethal, they are frequent enough to make compliance an issue. By giving the risk of HIV exposure a numeric instead of a Yes/No value, patients gain the ability to make reasoned choices particular to their own situation, should they choose to do so.

Competing interests: None declared.

Correspondence to: Dr. Les Vertesi; les@vertesi.com

Appendix E Post-Exposure Prophylaxis (PEP) Recommendations



HIV Post-Exposure Prophylaxis (PEP) - Please notify the CPHO of PEP initiated in the ER

A 4 Day starter pack is available at QEH and PCH Emergency Departments free of charge to exposed persons. The medications are Raltegravir 400mg BID and Truvada 1 tab daily. If there is no family physician please prescribe the remaining 24 days of PEP using the Provincial Pharmacy Fax Form (Appendix F) and fax to the Provincial Pharmacy at 902-368-5001.

If PEP is started & source later determined to be HIV negative, PEP should be discontinued.

Hepatitis B Post-Exposure Prophylaxis (PEP)

Hepatitis B Immune Globulin (HBIG) IM dose 0.06 mL/kg Ventrogluteal/Vastus Lateralsis^a

Hepatitis B vaccine IM dose 1ml Deltoid^a

HBIG should be administered in the ER as well as the first dose of HB vaccine. Refer to the local Public Health Nursing office for the remaining doses.

^aHepatitis B vaccine should always be given in the deltoid. HBIG should be given in larger muscles to accommodate larger volumes.

Additional laboratory testing

- Baseline evaluation of individuals beginning HIV PEP should include laboratory assessment of hepatic and renal function, evaluation for sexually transmitted infection (STI) and hepatitis infection, and subsequent appropriate management.
- Ongoing laboratory monitoring of biochemistry and hematology during HIV PEP is advised only for those with baseline laboratory abnormalities, or in those who develop signs or symptoms of organ dysfunction or medication-related adverse effects during therapy.

If the exposed person must continue PEP for the full 28 days and tolerability to the initial PEP therapy is problematic an alternative regimen may be considered. For further information contact the Provincial Infectious Disease consultant.

Suggested evaluation at baseline, during and after HIV post-exposure prophylaxis

Test	Baseline	Week 2	1 month	3 months
HIV testing	Х		Х	Х
Test Hepatitis A immunity (hepatitis A total antibody)	Х			
Hepatitis B screen (surface antigen, surface antibody, core antibody)	Х			Χ^^
Hepatitis C screen (hepatitis C antibody)	Х		HCV RNA^	Х
Complete blood count	Х			
Alanine aminotransferase	Х	X**		
Serum creatinine	Х	X**		
Pregnancy testing (if appropriate)	Х			
Screening for gonorrhea and chlamydia (urine NAAT; throat and rectal swabs culture or NAAT; test anatomic sites depending on type of sexual activity reported)	X*			X*
Syphilis serology	X*			X*

^{*}If exposure due to sexual assault

^{**}Suggested if abnormal at baseline or symptomatic.

[^] If source has a positive untreated HCV viral load, consult medical microbiologist before ordering.

^{^^} If not immune

PRINCE EDWARD ISLAND DRUG COST ASSISTANCE PROGRAM

CONFIDENTIAL FAX

Date:____

То:	Provincial Pharmacy P.O. Box 2000, 16 Fitzroy Street Charlottetown, PE C1A 7N8	Phone: Fax:	902-368-4947 902-368-5001
From:	(Name)	Phone:	
	(Address)	Fax:	
	(Postal Code)		
Patient N	ame:		
PEI Perso	onal Health Number: IIIII	_ _	
Patient A	ddress:		
		Postal	Code:
	Prescriber Cer	tification	
The	s prescription represents the original of the prescription drug pharmacy addressee noted above is the only intended rec original prescription has been invalidated and securely filed	ipient and there are no	
Physicia	n Name (print name):		

Physician Signature: