

Post Exposure Prophylaxis guidelines for HIV

Exposure

GENERAL MEASURE

- A. Do not panic, reassure the person
- B. Do not disclose identity of source as well as exposed person
- C. Clean the wound/exposed area with soap and water
- D. Do not squeeze the puncture site, do not apply antiseptic/disinfectant
- E. Record baseline data and important particulars

Potentially infectious body fluid

Exposure to body fluid--

Considered “at risk”

Blood
Semen
Vaginal Secretion
CSF
Synovial, Pleural, Pericardial
Peritoneal fluid
Amniotic fluid

Considered “not at risk”

Tears
Sweat
Urine / Faeces
Saliva
Sputum
Vomit us

Any body fluid contaminated with “visible blood” shall be considered “at risk”

Risk of HIV Transmission

Exposure Route

Risk of HIV Transmission

Blood Transfusion	90-95%
Perinatal	20-40%
Sexual Intercourse	0.1-10%
Vaginal	0.05-0.1%
Anal	0.065-0.5%
Oral	0.005-0.01%
Injecting Drug Use	0.67%
Needle Stick Exposure	0.3%

Mucous Membrane splash to Eye, Oro-nasal 0.09%

Note: Needle stick Exposure to HBV is 9-30% and to HCV is 1-9%

Management of Exposure site

Splash of Blood/OPIM

- Unbroken skin
 - Wash area immediately
 - Do not use anti septic
- Eye
 - Eye irrigation with water or Saline

- If using contact lens leave them in place while irrigating. Remove once eye is cleaned remove them & clean
- Mouth
 - Spit fluid immediately
 - Rinse mouth thoroughly with water / saline repeatedly
 - Do not use soap or disinfectant

Establish eligibility for PEP

- Designated person/ trained person must assess the risk of HIV/HBV transmission after AEB
- Must be made rapidly so PEP can be given ASAP
- First dose of PEP preferably within 2 hours

HIV status of source of Exposure

- PEP need to within 72 hours of exposure
- Base line rapid HIV testing before PEP
- Do not delay PEP while waiting for result of HIV testing
- Informed consent must before testing of source as per National guidelines
- Positive HIV result help in decision to start PEP but Negative result doesn't exclude HIV infection

Counseling for PEP

- Duration of PEP (4 weeks)
- Importance of drug adherence
- Common side effects, likely to be experienced
- PEP can be stopped at any time; may not get benefit if the source is HIV positive
- Prevention practices at the time of PEP (Barrier protection / contraception)
- Provider should correct misconceptions during all times of counselling sessions

Laboratory follow-up

Timing

Weeks 2 & 4
Weeks 6
Month 3
Month 6

In persons taking Standard PEP

Complete Blood Count (For AZT patients)
HIV-Ab
HIV-Ab
HIV-Ab

1. PEP recommendations

a. Occupational Exposure

Exposure Codes *	HIV Source Code**	PEP Recommendations	Duration
1	1	Not warranted	28 days
1	2	Recommended	
2	1		
2	2		
3	1 or 2		
2/3	Unknown	Consider PEP, if HIV prevalence is high in the given population & risk categorisation	

*-Details of Exposure codes at Annexure 1

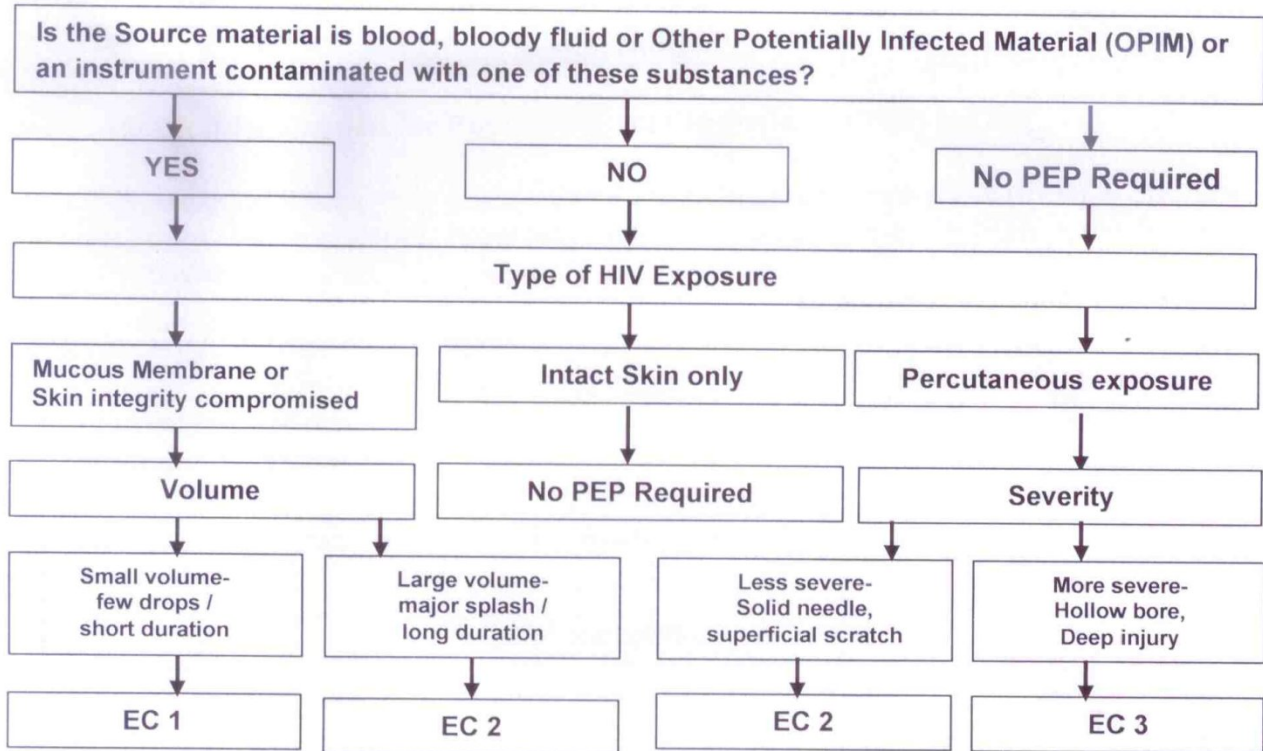
**Details of HIV Source Code at Annexure 2

- b. **In case of Sexual Assault:** PEP should be provided to exposed person in case of sexual assault as a part of overall package of post sexual assault care.

2. PEP regimen

- a. Wherever PEP is indicated and source is ART naive or unknown: **recommended regimen is Tenofovir 300 mg + Lamivudine 300 mg + Efavirenz 600 mg once daily for 28 days**. Wherever available, single pill containing these formulations should be used. Dual drug regimen should not be used any longer in any situation for PEP.
- b. The first dose of PEP regular should be administered as soon as possible, preferably within 2 hours of exposure and the subsequently dose should be given at bed time with clear instruction to take it 2-3 hours after dinner & to avoid fatty food in dinner.
- c. In case of intolerance to Efavirenz, regimen containing Tenofovir + Lamivudine + PI (ATV/r or LPV/r) can be used after expert consultation by an experienced physician.

Annexure 1: HIV Exposure Code



Annexure 2: HIV Source Code

