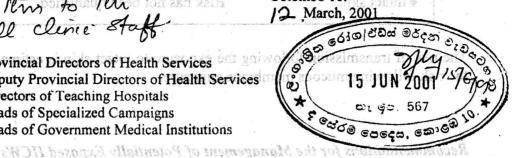
General Circular Letter No. 1002 - 36/200/1801000 Tel dei H

95% CI = 0.2% - 0.5%MOZC 95% CI = 0.006% - 0.5% M. bnig Mins to Mula staff

Provincial Directors of Health Services Deputy Provincial Directors of Health Services Directors of Teaching Hospitals Heads of Specialized Campaigns Heads of Government Medical Institutions

My No. PA/DDG(PHS)/PC/5#2001 Department of Health Services 385, Baddegama Wimalawansa MW. Colombo 10.



Management of Health-Care Worker Exposures to HIV and pipoloid and recommendations for Postexposure Prophylaxis prevented or ameliorated by using antiregoviral drugs

direct or indirect evidence of the efficacy of specific agents used for prophylaxist and

Although preventing blood exposures is the primary means of preventing occupationally acquired human immunodeficiency virus (HIV) infection, appropriate postexposure management is an important element of workplace safety. Department of health has considered information and data available worldwide and recommend that the following procedure for postexposure prophylaxis (PEP) be followed in an accidental exposure.

Definition of HCWs and Exposure

HCW is defined as any person (e.g., an employee, student, attending clinician, or volunteer) whose activities involve contact with patients or with blood or other body fluids from patients in a health-care or laboratory setting. An "exposure" that may place an HCW at risk for HIV infection and therefore requires consideration of PEP is defined as follows:

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the extinated volume of material and duration of contact and the condition of

HIV or other bloodborne pathogens, and if the source is as HIV infected person, the stage of disease, history of agriced viral thorsoy, and viral load if

Exposure

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- of device and how and when in the course of handling the device the exposure Percutaneous injury

Needle stick or cut

bas is resent to be Contact of mucous membrane button and Large volume of exposure material

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villini la digo o Nonintact skin more a not a so ameoga Skin is chapped, abraded, dermatitis

Contact with intact skin to be being a Extensive area with long duration

the skin le.g., chapped abraded or intacti): In addition, any direct contact (i.e., without barrier protection) with concentrated HIV in a research laboratory or production facility is considered an "exposure" that requires clinical evaluation and consideration of the need for PEP. In the absence of visible blood in the saliva, exposure to saliva from a person infected with HIV is not considered a risk for HIV transmission; also, exposure to tears, sweat, or nonbloody urine or faeces does not require postexposure follow-up.

Risk for Occupational Transmission of HIV to HCWs

 ◆ Percutaneous injury
 0.3%
 95% CI = 0.2% - 0.5%

 ◆ Mucous membrane
 0.09%
 95% CI = 0.006% - 0.5%

 ◆ Intact skin
 Risk has not been quantified

The risk of transmission following the exposure to intact skin is estimated to be less than the risk following mucous membrane exposure.

Directors of Teaching Hospitals Reads of Specialized Campagns

Delinition of **H**CWs and Exposure

Heads of Government Medical Institutions

Recommendations for the Management of Potentially Exposed HCWs

Considerations that influence the rationale and recommendations for PEP include the pathogenesis of HIV infection, particularly the time course of early infection; the biologic plausibility that infection can be prevented or ameliorated by using antiretroviral drugs and direct or indirect evidence of the efficacy of specific agents used for prophylaxis; and the risk/benefit of PEP to exposed HCWs:

All health-care institutions should make available to their workers a system that includes written protocols for prompt reporting, evaluation, counseling, treatment, and follow-up of occupational exposures that may place HCWs at risk for acquiring any bloodborne infection, including HIV.

Exposure Report

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If an occupational exposure occurs, the circumstances and postexposure management should be recorded in the HCW's confidential exposure report (Annex IV). Relevant band information include: and sequence of the circumstances and postexposure management should be recorded in the HCW's confidential exposure report (Annex IV). Relevant band information include:

- Date and time of exposure;
- Details of the procedure being performed, including where and how the exposure occurred, and if the exposure was related to a sharp device, the type of device and how and when in the course of handling the device the exposure occurred;
- Details of the exposure, including the type and amount of fluid or material and the severity of the exposure (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous-membrane exposure, the estimated volume of material and duration of contact and the condition of the skin [e.g., chapped, abraded, or intact]);
- said VIH belse. If the HIV serostratus of the source person is unknown, the source person to serious land, be informed of the incident and, if consent is obtained, be tested for boold eldisty to serological evidence of HIV infection; and it is consent to boold eldisty to serological evidence of HIV infection;
- Base sample of the HCW has to be kept for 6 months or be tested for HIV at
 - Details about the exposure source (i.e., whether the source material contained HIV or other bloodborne pathogens, and if the source is an HIV-infected person, the stage of disease, history of antiretroviral therapy, and viral load, if known; and

• Details about counseling, postexposure management, and follow-up.

Management of an Exposure Site and treatment regimen for PEP

Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. There is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. However, the use of antiseptics is not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.

Basic and expanded regimens are recommended for PEP. Basic regimen has two drugs and expanded regimen has three drugs.

What type of expositre has occur

The following steps should be determined for recommendation of PEP.

- 1. Determine the exposure code Annex I
- 2. Determine HIV status code Annex II
- 3. Determine the PEP recommendation Annex III
- 4. Exposure report Annex IV

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Director General of Health Services

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Copy to. Director/NSACP

Semen or vaginal secretion, cerebrospinal, symptonic, plearal, perioncal, perional secretion, or summode, fluide; or

• Exposures to OPIM must be evaluated on a case-by-case basis. In general these body substances are considered a low risk for transmission in nealth-care settings. Any unprotected contact to concentrated IDV in a research laboratory or production facility is considered an occupational exposure that requires clinical evaluation to determine the need for PE*.

w Skord untegrity is considered compromised if there is evidence of chapped skin, dermatids, abrasion, or

Charact with intent skip is not normally considered a risk for HIV transmission. However, if the exposure was to blood, and the circumstance suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood) the risk for HIV transmission should be considered

The combination of these severity factors (e.g., large-bore need's and deep puncture) contribute to unslewed risk for transmission if the source person is hTV-positive

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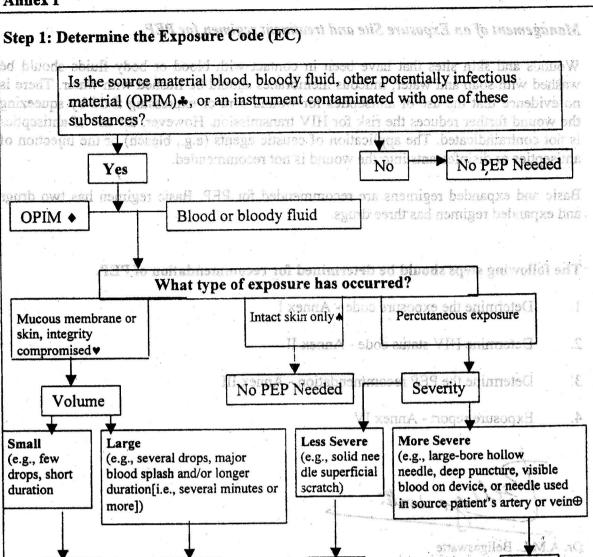
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EC 1

EC 2

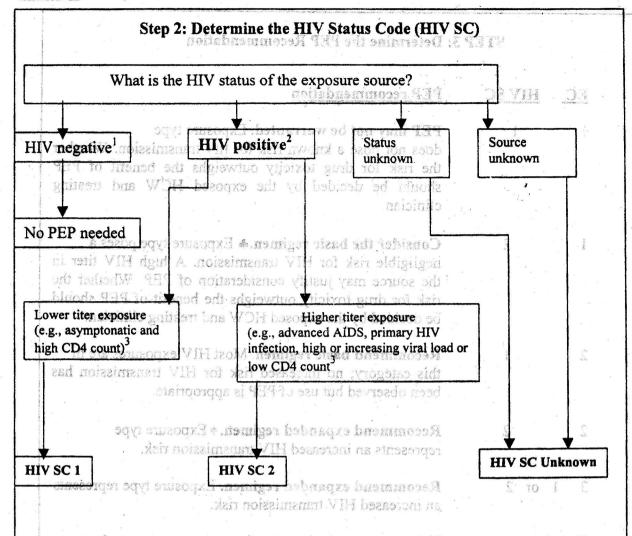


Details about counseling, postexposure management, and follow-up

◆Semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids; or tissue

EC 2

- ◆Exposures to OPIM must be evaluated on a case-by-case basis. In general these body substances are considered a low risk for transmission in health-care settings. Any unprotected contact to concentrated HIV in a research laboratory or production facility is considered an occupational exposure that requires clinical evaluation to determine the 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, and the circumstance suggests a higher volume exposure (e.g., an extensive area of skin was exposed or there was prolonged contact with blood), the risk for HIV transmission should be considered
- The combination of these severity factors (e.g., large-bore needle and deep puncture) contribute to an elevated risk for transmission if the source person is HIV-positive



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 exposure and there is no clinical evidence of recent retroviral-like illness

²A source is considered infected with HIV (HIV positive) if there has been a positive laboratory result for HIV antibody, HIV PCR, of HIV p24 antigen of physician-diagnosed AIDS.

³Examples are used as surrogates to estimate the HIV titer in an exposure source for purposes of considering PEP regimens and do not reflect all clinical situations that may be observed. Although a high HIV titer (HIV SC 2) in an exposure source has been associated with an increased risk for transmission, the possibility of transmission from a source with a low HIV titer also must be considered.

* Expanded regimen * ridoviding 200 agaild. or 300 mg blid. - * lamivudine, L50 mg blid.

indicavir, 800 mg Liul, or neifinavir, 750 mg Liud

<u>EC</u>	HIV SC	PEP recommendation
1	and the second of the second o	PEP may not be warranted. Exposure type
100	mwoaxing	does not pose a known risk for HIV transmission. Whether
Approximate the state of the st	descent of methods of the control of	the risk for drug toxicity outweighs the benefit of PE should be decided by the exposed HCW and treatin clinician.
The state of the s	e e e e e e e e e e e e e e e e e e e	hahaan 95
T .	2	Consider the basic regimen. Exposure type poses a negligible risk for HIV transmission. A high HIV titer is
No.		the source may justify consideration of PEP. Whether the
To work to constant	, made	risk for drug toxicity outweighs the benefit of PEP shoul be decided by the exposed HCW and treating clinician.
Semental (1970) (1974)		asymptonetic and (e.g., advanced ALES, primary HIV
2	1	Recommend basic regimen. Most HIV exposures are in
		this category; no increased risk for HIV transmission hat been observed but use of PEP is appropriate
Egenturitari- is	and provided in the control of the c	deen observed out use of FEF is appropriate
2	2	Recommend expanded regimen. Exposure type
owon k i	IV DE VIH	represents an increased HIV transmission risk.
3 1	or 2	Recommend expanded regimen. Exposure type represent
		an increased HIV transmission risk.
Unkr	ıown	If the source or, in the case of an unknown source, the
	ration of a negation a	setting where the exposure occurred suggests a possible ris
20	scenili edil-	regimen of exposure and there is no chance evidence of emit enters regimen
i ilueen	The treatm	re is considered infected with HIV (HIV positive) if there has been a positionly. HIV PCR, of HIV p. skape. Too been a positionary HIV PCR, of HIV p. skape.
A		pies are used as surrogates to estimate the HIV liter in an exposure
*Bas	sic regimen	ode (zidovudine u 200 mg t.i.d.) slor tan 300 mg b.i.d. Ha gair se egyptina dur. 1914 gaga gaga ga sowa sawa ga a a (50 H) vila) se
	.hs:	at (HIV EC 2) in an exposure source ins. of gm 001 stocking lines are source with a low of the fact of the course with a low of the fact of the course with a low of the fact of the course with a low of the fact of the course with a low of the fact of the course with a low of the fact of the course of the fact of the
♦Exp	panded regim	en • zidovudine 200 mg t.i.d. or 300 mg b.i.d.
		• lamivudine, 150 mg b.i.d.
1		• indinavir, 800 mg t.i.d. or nelfinavir, 750 mg t.i.d

Date _ / _ /200 2 Institution	<u>3</u> Name/designation of HCW_
Date/Time of Exposure _//200/Am/Pm	5 Details of the Procedure Laboratory/Theatre/Ward/Clinic/Others
6 Details of the Exposure Blood/Bloody Fluid/OPIM♣	Sharp Instrument/Needle-Solid/Hollow bore
Small/Large(volume)	7 Details of the exposure Source Material, HIV/Other Blood Borne Infected
Percutaneous/Mucous membrane/Abraded Skin/Intact Skin	If HIV Positive/Stage of the Disease/CD4/Viral Load
	History of Antiretroviral Therapy
8 Management of Postexposure EC/HIV SC/Unknown	9 HIV test after 6 months on HCW positive/negative
PEP Recommended Yes/No	Name/Designation of counselor