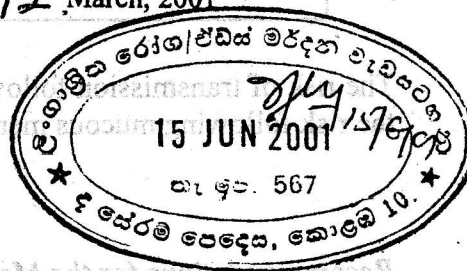


My No. PA/DDG(PHS)/RC/572001
Department of Health Services
385, Baddegama Wimalawansa MW.
Colombo 10.
12 March, 2001



MOIC
M. Smiy Ilm to Mr
attention of all clinic staff

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

Management of Health-Care Worker Exposures to HIV and Recommendations for Postexposure Prophylaxis

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;

Exposure

- Percutaneous injury
- Contact of mucous membrane
- Nonintact skin
- Contact with intact skin

Type

- Needle stick or cut
- Large volume of exposure material
- Skin is chapped, abraded, dermatitis
- Extensive area with long duration

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.

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

If an occupational exposure occurs, the circumstances and postexposure management should be recorded in the HCW's confidential exposure report (Annex IV). Relevant 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]);
- If the HIV serostatus of the source person is unknown, the source person to be informed of the incident and, if consent is obtained, be tested for serological evidence of HIV infection;
- Base sample of the HCW has to be kept for 6 months or be tested for HIV at the time of initial counseling
- 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.

The following steps should be determined for recommendation of PEP.

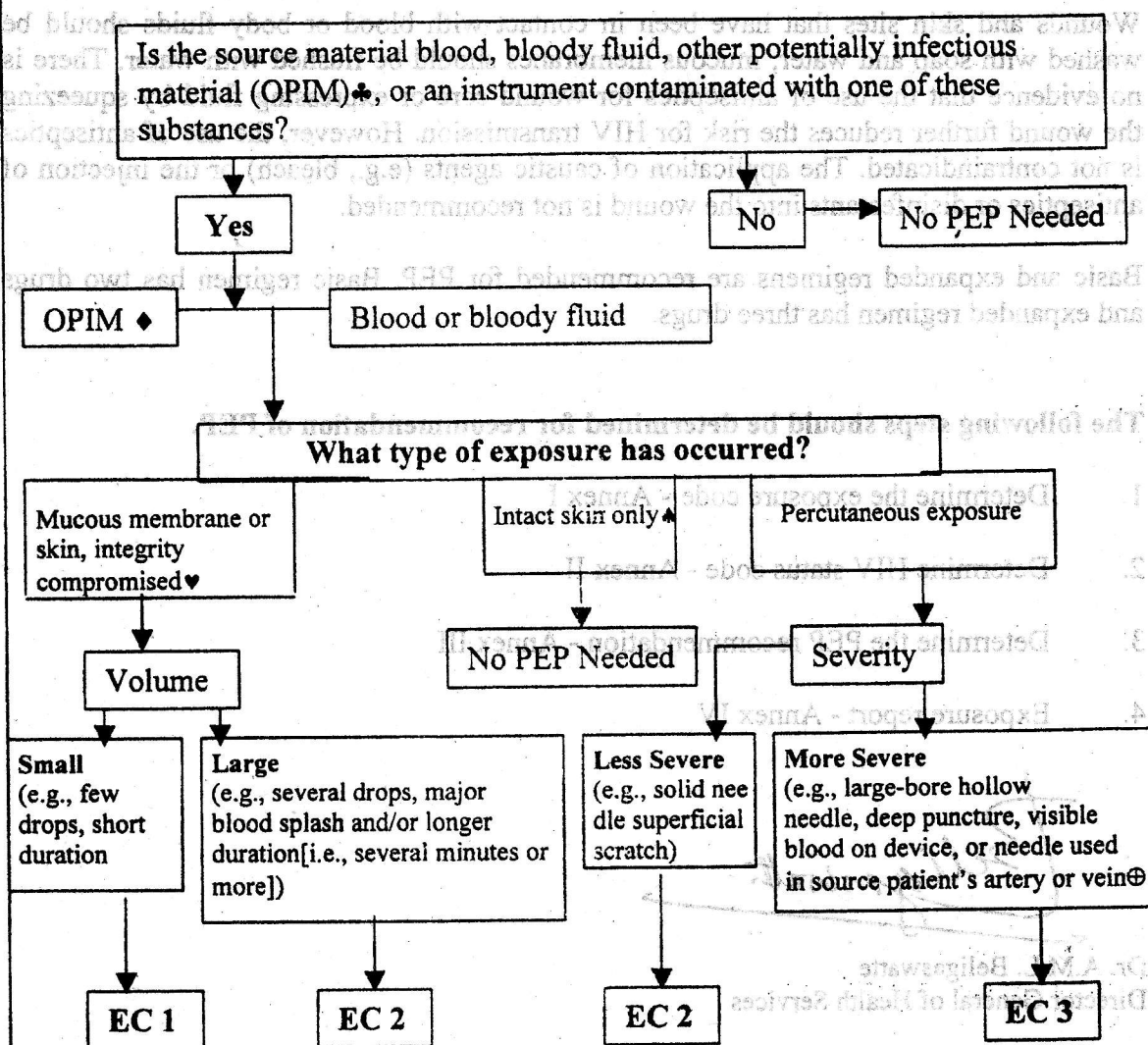
1. Determine the exposure code - Annex I
2. Determine HIV status code - Annex II
3. Determine the PEP recommendation - Annex III
4. Exposure report - Annex IV

Dr. A.M.L. Beligaswatte
Director General of Health Services

Copy to. Director/NSACP

Annex I

Step 1: Determine the Exposure Code (EC)



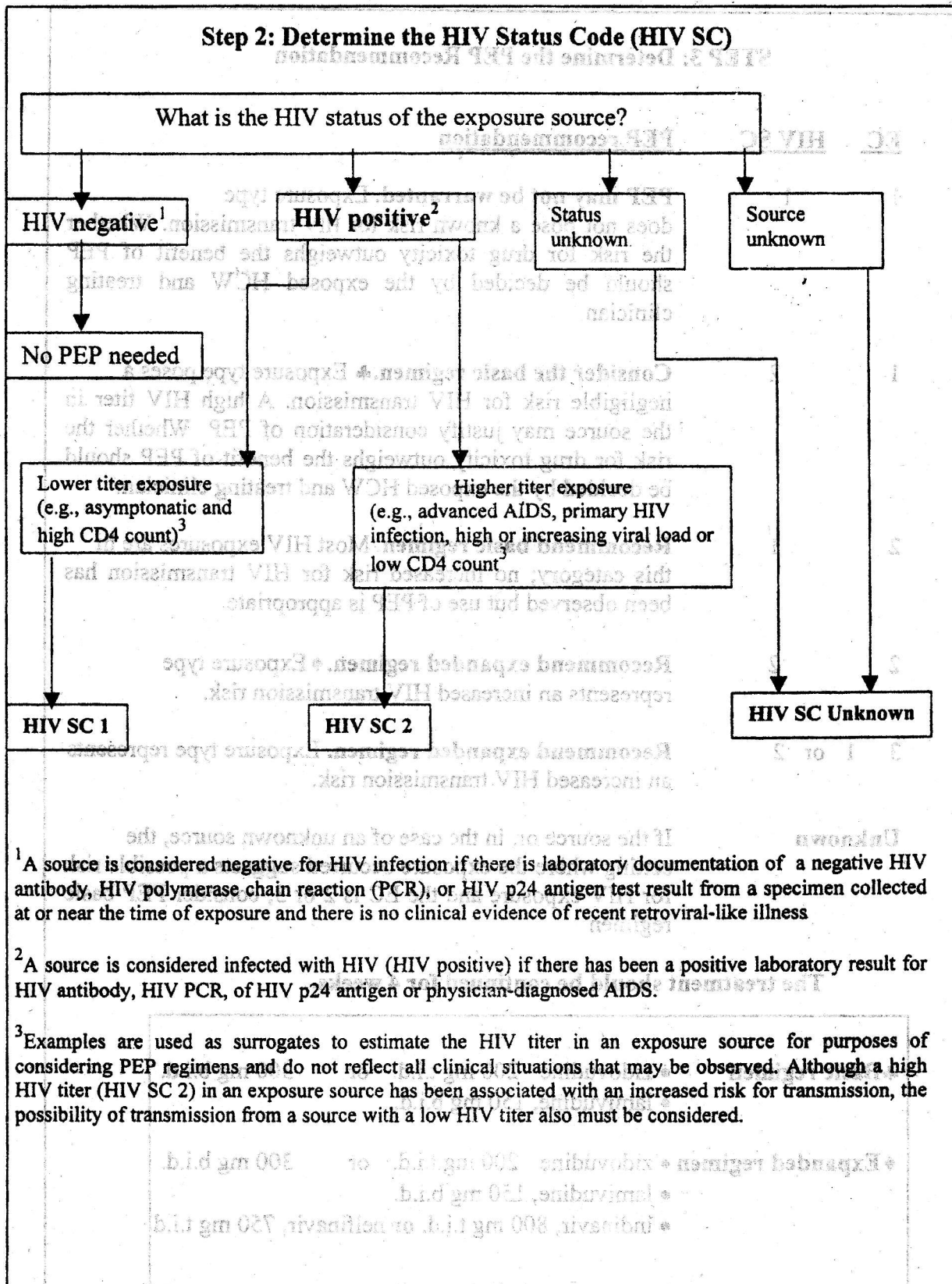
♣Semen or vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluids; or tissue

♦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

Step 2: Determine the HIV Status Code (HIV SC)

STEP 3: Determine the PEP Recommendation

<u>EC</u>	<u>HIV SC</u>	<u>PEP recommendation</u>
1	1	PEP may not be warranted. Exposure type does 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 HCW and treating clinician.
1	2	Consider the 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 HCW and 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	HIV SC Unknown	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 EC is 2 or 3, consider PEP basic regimen

The treatment should be continued for 4 weeks.

♣ Basic regimen

- zidovudine 200 mg t.i.d. or 300 mg b.i.d.
- lamivudine, 150 mg b.i.d.

♦ Expanded regimen

- zidovudine 200 mg t.i.d. or 300 mg b.i.d.
- lamivudine, 150 mg b.i.d.
- indinavir, 800 mg t.i.d. or nelfinavir, 750 mg t.i.d.

EXPOSURE REPORT

1 Date ___/___/200__

2 Institution _____

3 Name/designation of
HCW _____

4 Date/Time of Exposure
___/___/200__ ___/___ Am/Pm

5 Details of the Procedure
Laboratory/Theatre/Ward/Clinic/Others

Sharp Instrument/Needle-Solid/Hollow
bore

6 Details of the Exposure
Blood/Bloody
Fluid/OPIM♣

Small/Large(volume)

Percutaneous/Mucous
membrane/Abraded
Skin/Intact Skin

7 Details of the exposure Source
Material, HIV/Other Blood Borne
Infected

If HIV Positive/Stage of the
Disease/CD4/Viral Load

History of Antiretroviral Therapy

8 Management of Postexposure
EC___/HIV SC___/Unknown

PEP Recommended Yes/No _____

9 HIV test after 6 months on
HCW positive/negative _____

Name/Designation of
counselor _____

Signature _____

♣Other potentially infectious material

Please send a copy of this report to Director/NSACP