

SRSMG Blood-Borne Pathogen Guidelines

Before doing anything, please look at the PEP Quick Guide for Occupational Exposures web site (link below) to determine what treatment, if any, is indicated. Keep in mind that random and found needle-stick type injuries should not require PEP medications. All questions can be answered here, or if not, contact their on-call physicians or our Infectious Disease On-call to discuss unusual circumstances.
<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>

Scheduled Visits	Day 0	72 hours	2 weeks	6 weeks	3 months	6 months
Clinical	Initial Evaluation - Determine level of risk from exposure, counselling	Check on source status, tolerance to meds, anxiety over exposure	Check Labs, source results	Second Hep B vaccine if indicated, repeat serology	Serology testing	Final visit, serology, third Hep B vaccine if indicated.
Serology						
HIV	X			X	X	X
Hep B sAb	X	If + then no more test				X-Only post vaccine
Hep B sAg	X					
Hep C	X				X	X
Hep C RNA Qual				X		
Archive x 90 Days	X					
Labs	These labs only need be done if started on HIV meds					
CBC with diff	X		X			
Amylase	X		X			
BUN	X		X			
Creatinine	X		X			
AST	X		X			
ALT	X		X			
Bilirubin Total	X		X			
Glucose	X		X			
UA (complete)	X		X			
POC Pregnancy UA	X					
Treatment						
Hep B						
Hep b Responders. (Hep b sAb confirmed at any time in the past)	No treatment					
Hep B Vaccine Non-responder or No prior Hep B vaccine or Hep B vaccine Response Unknown	Hep B Vaccine #1 + HBIG 0.06 mg/kg (HBIG if high risk)	Alternatively, if patient can be followed-up in less than 7 days with completed Hep B sAb testing results & the patient is immune, HBIG can be omitted. If Hep B sAb is NEGATIVE, then HBIG should be administered at that time.		Hep B Vaccine # 2		Hep B vaccine #3 (Advise pt to check Hep B sAb in a month with PTP)
HIV		Stop meds if source tests negative for HIV				
Consult PEP Hotline						
If indicated, then:						
Raltegravir 400 mg PO BID						
Plus						
Truvada 1 PO Once Daily						
Give 7 day Rx with 3 refill						
(very wasteful if discontinued)						
Alternate medications only if advised by ID specialist or PEP Hotline						

HIV Prophylaxis recommendations are displayed below. Ideally the source should be tested and if negative, prophylaxis is not recommended. If the source testing cannot be completed immediately, do not delay initiating prophylaxis if otherwise appropriate. If the source is unknown or high-risk for HIV infection, then prophylaxis should be started as soon as possible, preferably within 1-2 hours of exposure. Prophylaxis should be continued for 4 weeks, or can be discontinued if the source's HIV test results are negative. Do not start any medications other than preferred without consultation with either PEP hotline consultation, or discussion with SRSMG infectious disease specialist. Please see the article in the attached link for further recommendations such as considerations when treating a pregnant patient or patients known to have been exposed to drug-resistant HIV.

APPENDIX A

TABLE A1. Human Immunodeficiency Virus (HIV) Postexposure Prophylaxis (PEP) Regimens

Preferred HIV PEP Regimen

Raltegravir (Isentress; RAL) 400 mg PO twice daily
 Plus
 Truvada, 1 PO once daily
 (Tenofovir DF [Viread; TDF] 300 mg + emtricitabine [Emtriva; FTC] 200 mg)

Alternative Regimens

(May combine 1 drug or drug pair from the left column with 1 pair of nucleoside/nucleotide reverse-transcriptase inhibitors from the right column; prescribers unfamiliar with these agents/regimens should consult physicians familiar with the agents and their toxicities)^{a,b}

Raltegravir (Isentress; RAL)	Tenofovir DF (Viread; TDF) + emtricitabine (Emtriva; FTC); available as Truvada
Darunavir (Prezista; DRV) + ritonavir (Norvir; RTV)	Tenofovir DF (Viread; TDF) + lamivudine (Epivir; 3TC)
Etravirine (Intelence; ETR)	Zidovudine (Retrovir; ZDV; AZT) + lamivudine (Epivir; 3TC); available as Combivir
Rilpivirine (Edurant; RPV)	available as Combivir
Atazanavir (Reyataz; ATV) + ritonavir (Norvir; RTV)	Zidovudine (Retrovir; ZDV; AZT) + emtricitabine (Emtriva; FTC)
Lopinavir/ritonavir (Kaletra; LPV/RTV)	

The following alternative is a complete fixed-dose combination regimen, and no additional antiretrovirals are needed: Stribild (elvitegravir, cobicistat, tenofovir DF, emtricitabine)

Alternative Antiretroviral Agents for Use as PEP Only with Expert Consultation^b

- Abacavir (Ziagen; ABC)
- Efavirenz (Sustiva; EFV)
- Enfuvirtide (Fuzeon; T20)
- Fosamprenavir (Lexiva; FOSAPV)
- Maraviroc (Selzentry; MVC)
- Saquinavir (Invirase; SQV)
- Stavudine (Zerit; d4T)

Antiretroviral Agents Generally Not Recommended for Use as PEP

- Didanosine (Videx EC; ddi)
- Nelfinavir (Viracept; NFV)
- Tipranavir (Aptivus; TPV)

Antiretroviral Agents Contraindicated as PEP

- Nevirapine (Viramune; NVP)

NOTE. For consultation or assistance with HIV PEP, contact the National Clinicians' Post-Exposure Prophylaxis Hotline at telephone number 888-448-4911 or visit its website at http://www.nccc.ucsf.edu/about_nccc/pepline/. DF, disoproxil fumarate; PO, per os.

^a The alternatives regimens are listed in order of preference; however, other alternatives may be reasonable based on patient and clinician preference.

^b For drug dosing information, see Appendix B.