

PROTOCOL FOR FOLLOW-UP BLOOD EXPOSURE

SOURCE POSITIVE FOR HIV

- Consultation with HIV Attending/Fellow/Staff or post-exposure prophylaxis (PEP) Hotline recommended immediately per facility as needed.
- If PEP started, draw minimally CBC and Comprehensive Panel at baseline and 2 weeks follow-up.
- Consider reevaluation within 72 hours after exposure.
- Workforce member (WFM) will have HIV testing at baseline, 6 weeks and concluding testing at 4 months.
- Extended HIV follow-up at 12 months recommended for WFMs who become infected with HCV after exposure to a source co-infected with HIV and HCV.
- HIV tests should be performed for any exposed person who has an illness compatible with an acute retroviral syndrome, regardless of interval since exposure.
- WFM instructed to avoid blood or tissue donation, breastfeeding, unprotected sex, or pregnancy during the first 6-12 weeks following exposure.

SOURCE POSITIVE FOR HCV

- Source needs HCV RNA if no recent lab result in medical record.

SOURCE POSITIVE FOR HCV RNA

- WFM needs HCV Ab and ALT at baseline.
- WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- WFM needs HCV Ab and ALT 4-6 months after exposure, if prior tests were negative.
- If WFM is HCV antibody positive at baseline, inquire and document their prior knowledge of Hep C infection, and refer WFM to primary care provider for further care.

SOURCE POSITIVE OR UNKNOWN FOR HBV (See ATTACHMENT 2 for details)

- WFM with documentation of complete hepatitis B vaccination series and a positive response to the vaccine series as measured by HbsAb titer $\geq 10\text{mIU/ml}$, no treatment or follow-up is necessary.
- WFM known non-responder give HBIG x 2 separated by 1 month.
- If WFM does not have complete hepatitis B vaccination series and/or immunity then WFM needs HBsAg and HbcAb at baseline and 6 months after exposure.
- WFM does not have complete hepatitis B vaccination series and immunity give HBIG x1 and complete vaccination.
- Counseling provided regarding importance of hepatitis B vaccination among health care workers. If vaccine is declined then a declination form must be signed.

SOURCE UNKNOWN FOR HIV

- Counseling regarding risks/benefits of PEP may be obtained through HIV Attending/Fellow/Staff/PEPline.
- PEP is generally not warranted in cases of unknown status. However, consider PEP for exposures from a source with HIV risk factors.
- PEP is generally not warranted in cases of an unknown source person. However, consider PEP in settings where exposure to HIV-infected persons is likely.
- Follow-up schedule is same as SOURCE POSITIVE FOR HIV.

SOURCE UNKNOWN FOR HCV

- WFM needs HCV Ab and ALT at baseline.
- WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- WFM needs HCV Ab and ALT 4-6 months follow-up after exposure, if prior tests at baseline and 4-6 weeks follow-up were negative.
- If WFM is HCV antibody positive at baseline, then WFM should be referred to primary care provider.

SOURCE NEGATIVE FOR HIV

- No treatment or follow-up necessary.

SOURCE NEGATIVE FOR HCV Ab or HCV RNA

- No treatment or follow-up necessary.

SOURCE NEGATIVE FOR HBV (See ATTACHMENT 2)

- No treatment or follow-up necessary.

Consider consultation with the Post-Exposure/PEPline per facility resources. (888)448-4911