SKIN & MUCOUS MEMBRANE EXPOSURE

FIRST AID
- Skin – wash site liberally with soap and water
- Eyes – irrigate gently with sterile saline
- Mouth – rinse with water
- Tooth brushing is NOT recommended

Exposed individuals should be assessed URGENTLY
- If indicated, HIV PEP should commence as soon as possible, preferably within 2 hours of an exposure

RISK ASSESSMENT
- When did exposure occur?
- Nature of exposure (type of fluid and amount)
- Duration of exposure

CONSIDER HIV PEP IF THE FOLLOWING CONDITIONS ARE MET:
- There is exposure of NON-INTACT skin or mucous membrane by blood or other body fluids (excluding urine, saliva & faeces) AND
- The source is KNOWN to be HIV positive OR
- The source is at HIGH RISK for HIV AND
- The patient consents to PEP AND
- The time from exposure to HIV PEP is < 72 hours

Follow-up Testing

<table>
<thead>
<tr>
<th></th>
<th>Month 1</th>
<th>Month 3</th>
<th>Month 6</th>
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</thead>
<tbody>
<tr>
<td>HIV</td>
<td>√</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>HBsAg</td>
<td></td>
<td>√</td>
<td></td>
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<tr>
<td>Anti-HCV</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Hep C PCR</td>
<td>* - See App 10</td>
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</table>

The HIV PEP Kit may be started if there is a delay in obtaining source information

SOURCE DETAILS
HIV STATUS OF SOURCE UNKNOWN
- if available and consents:
  - Test for HIV, HBV & HCV
  - Consider possibility of source window period

HIV STATUS OF SOURCE KNOWN TO BE POSITIVE
- Information that is helpful for the ID Specialist:
  - HIV viral load
  - Current and past anti-HIV drug therapy AND reasons for stopping/changing regimen
  - HBV & HCV status
- If HIV positive source, administer 1st dose of HIV PEP regimen to the exposed person (if not already given)

EXPOSED PERSON’S DETAILS
- Medical history including all drugs
- Review for drug interactions on PIP
- Vaccination history for HBV
- Previous HIV test results
- In women, ask about pregnancy or breast feeding

DISCUSS WITH ID SPECIALIST AT TIME OF INCIDENT TO DETERMINE THE NEED FOR ONGOING HIV PEP AND FOLLOW-UP

HBV PEP
- Assess and manage as per Canadian Immunization Guide See Appendix 8

BASELINE BLOODS
- HIV antibodies
- Hepatitis B & C serology (anti-HBs, HBsAg, anti-HCV)
- Routine biochemistry & LFTs
- Complete blood count & differential
- Pregnancy test if applicable

EDUCATION
- Likely side-effects of HIV PEP. See Appendix 5
- The need for 100% adherence
- Signs and symptoms of HIV seroconversion illness
- Blood and Body Fluid Precautions See Section 6 – Counselling and Follow-Up
- Patients should have protected sex with partners until results of final HIV antibody testing is known

FOLLOW-UP
- Refer exposed person to Family Physician and/or ID Specialist
- Send completed Exposure Incident Report Form to MHO
- For Health Region Employee, the MHO will refer to Regional Occupational/Employee Health Department