GLOBAL MARK				
CLEAR PASS BORDERLINE PASS		BORDERLINE FAIL	FAIL	

Criteria

Criteria	
Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Confirms nature of the problem	1
Gathers details	
When this occurred	
How it occurred – clean needle/dirty needle	
Bite?	
Was it blood or other fluids?	
First aid measures	
Wound sustained	
Enquires about source patient	
HIV status, viral load	
Hep B status, surface antigen status	
Hep C status, viral load	
If unknown what is known that would increase risk (Sub-	
Saharan, African, MSM, IVDU, Sex worker)	
Enqures if source patient has given consent for bloods to be	
taken	
PMH of victim	
DH of victim	
Vaccination history	
- Full course of HBV vaccination or non responder?	
Makes Risk assessment for	
HIV – risk of needlestick transmission is 0.3%	
Hep B – up to 30% [if HBeAg+Ve]	
Hep C – 0.5-1.8%	
If decides risk of HIV is high will give PEP for 28 days	
Truvada 1 BD, and Kaletra 2 tabs BD	
Counsels about PEP	
28 day coutse	
Diarrhoea, Nausea, Vomiting, Headache, Rash	
[CI pregnancy, anaemia]	
Explains suggests Hep B vaccination or booster, and accelerated course,	
depending on vaccination status	
If not vaccinated against Hep B and high risk [HBsAg +ve] givens HB	
Immunoglobulin	
Explains needs to take blood sample for serum save, explains this will	
not be tested.	

Explains will need to attend occupational health the next day	
Counsels on safe sex until given all clear	

Tom Bircher 2019

Table 2: HBV prophylaxis for reported exposure incident 15

Significant exposure			Non-significant exposure	
HBsAg positive source	Unknown source	HBsAg negative source	Continued risk	No further risk
Accelerated course of HB vaccine* HBIG × 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis. Reassure
One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis. Reassure
Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis. Reassure
HBIG × 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	HBIG × 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at one month	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No prophylaxis. Reassure
	HBsAg positive source Accelerated course of HB vaccine* HBIG x 1 One dose of HB vaccine followed by second dose one month later Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine A second dose of HB vaccine A second dose of HBIG should be	HBsAg positive source Accelerated course of HB vaccine* HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine A second dose of HB vaccine A second dose of HBIG should be	HBsAg positive source Accelerated course of HB vaccine* HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine A second dose of HBIG should be Consider booster dose of HB vaccine A second dose of HB vaccine HBIG should be	HBsAg positive source Accelerated course of HB vaccine* HBIG x 1 Consider booster dose of HB vaccine Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine HBIG x 1 Consider booster dose of HB vaccine A second dose of HB vaccine A second dose of HB vaccine A second dose of HB vaccine HBIG should be Continued risk Consider course of HB vaccine Finish course of HB vaccine Consider booster dose of HB vaccine Consider booster dose of HB vaccine Vaccine

¹⁵ Immunisation against infectious disease, (2011), Department of Health, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_125113.pdf

Figure 2: Management of HIV Exposures

HIV Post-Exposure Prophylaxis

High Risk Exposure incident:

Needlestick/scratch Body fluid on **broken** skin Body fluid on mucous membrane (eye, nose, mouth)

High Risk Body Fluid: Blood

Amniotic fluid Human breast milk CSF, pleural, pericardial peritoneal synovial fluid Saliva associated with dentistry Semen/vaginal secretions Unfixed tissues/organs

Vomit, faeces, urine only when contaminated with blood

High Risk Source: Known HIV positive

Consider also those at risk of HIV: Those from endemic areas (South,

East or Central Africa) Sex between Men Multiple blood transfusions <Oct 1985 Transfusions abroad IV Drug user Unprotected sex with HIV+ or at risk partner

Contraindications to PEP:

Drug interaction

Amiodarone, ergot derivatives St John's Wort rifampicin

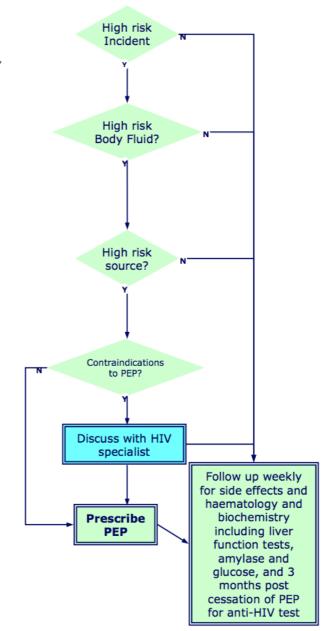
Anaemia/neutropenia, hepatic/renal failure Pregnancy/breast feeding

Starter pack contains: Truvada (Tenofovir disoproxil 245mg/Emtricitabine 200mg) one tablet twice a day Kaletra

(Lopinavir200mg/Ritonavir50mg):

2 tablets bd

Domperidone for nausea and Loperamide to counteract diarrhoea All sufficient for 5 days



	UK Population Prevalence*	Prevalence in UK IVDUs *	Average seroconversion risk after percutaneous exposure to known infected source
HIV	0.08%	London 3% Elsewhere 0.5%	0.3%
HCV	0.4-0.5%	41%	0.5-1.8% (if detectable RNA)
HBV	0.5% HBsAg carriers	22%	30% (non-immune individual exposed to HBeAg positive source)

*Source: HPA