Non-Occupational Post-HIV Exposure Prophylaxis at MCLNO

Policy Statement:

It is the policy of MCLNO to provide HIV counseling and a risk assessment to patients who have experienced a non-occupational exposure to HIV as well as to survivors of sexual assault 15 years of age and older who present to the Emergency Department within 72 hours of the exposure.

Counseling will include a discussion of the survivor’s individual risk factors as determined by the nature of the exposure (Addendum A), current information regarding the incidence of HIV in this region, testing information as per the MCLNO hospital consent, and current recommendations for possible treatment, safe sexual practices post exposure, and any individual fears the patient may have. The decision to recommend, offer, or not offer HIV prophylaxis will be determined by the results of the risk assessment (Addendum A) and the patient’s past medical history. If prophylaxis is recommended or offered the ED physician, or in the case of sexual assault, the Sexual Assault Nurse Examiner (SANE), will thoroughly discuss the potential risks and benefits of such treatment. Baseline HIV testing will be offered during the acute care after the exposure or assault. The patient who chooses to take HIV prophylaxis will follow up in the HIV Outpatient (HOP) Clinic on the next business day.

Policy Objectives:

1. To identify the components included in HIV counseling
2. To describe measurable risk of HIV transmission verses possible risk of HIV transmission verses no risk of HIV transmission.
3. To define the parameters in which HIV prophylaxis will be recommended.
4. To define the parameters in which HIV prophylaxis will be offered.
5. To define the parameters in which HIV prophylaxis is not appropriate.

Definitions:

Recommend: The health professional assesses the risk of HIV transmission is significant enough for the benefits of treatment to outweigh the risks of treatment.

Offer: The health professional assesses the risk of HIV transmission to be low, but possible. By offering HIV prophylaxis, the health professional allows the patient some autonomy in their medical treatment.

Non Occupational Post-Exposure HIV Prophylaxis Protocol:

Following the decision to offer HIV prophylaxis, the following baseline labs will be drawn in the Emergency Department:

- serum HIV test
- complete blood count
- comprehensive metabolic panel
- RPR
- Hepatitis panel

These labs will be evaluated in the HOP clinic during follow up, and HOP clinic will monitor the patient during their 28 day course of medication.

HIV, RPR, and Hepatitis panel tests are recommended to be repeated at 3 months and at 6 months.
If the patient chooses to take HIV prophylaxis it will be offered according to the following protocol:

- Combivir 1 tablet by mouth twice a day for 28 days.
- Kaletra (200/50) 2 tablets by mouth twice a day for 28 days.

A prescription for 5 days of these medications will be written by the Emergency Department Physician and dispensed to the patient from the Pharmacy. The patient will be provided with an appointment card with date, time, and location of the HOP Clinic on South Roman Street for follow-up care if there is no primary care physician. The ER (or SANE) will fax the HOP clinic notification of the scheduled patient appointment (see Addendum B).

The emotional trauma sustained by a person who has potentially been exposed to HIV may make it difficult for the patient to process the information regarding HIV prophylaxis or make a truly informed decision. In cases when the risk is high and the patient is unable to make a decision or is unsure about starting HIV prophylaxis the patient should be encouraged to begin prophylaxis immediately. Given the short time period following an exposure that prophylaxis is recommended, the patient should be told it is better to start the medication and then decide to stop it, than not begin it at all.

A pediatric HIV specialist should be consulted when a child younger than 15 years of age presents with a possible exposure to HIV.

An HIV specialist should be consulted before beginning HIV prophylaxis when a patient who is pregnant presents with a possible exposure to HIV.

When a patient has an HIV exposure from a known HIV positive assailant, the physician will recommend beginning Kaletra and Combivir at the initial exam. The patient will be referred to an HIV specialist in the HOP Clinic for further treatment considerations on the next business day (see Addendum B).

**Non Occupational Exposure HIV Prophylaxis for Sexual Assault survivors:**

The SANE will follow up with the patient as per the SANE protocol (MCL ER Policy 607). The repeat HIV, RPR, and Hepatitis panel are recommended at 3 months and at 6 months and can be obtained by the SANE or through a private MD follow up at the patient’s discretion.

With regard to follow up, the patient will be provided with an appointment card with date, time, and location of the HOP Clinic on South Roman Street for follow-up care if there is no primary care physician. The SANE will meet the patient at the HOP Clinic for their initial visit to decrease the anxiety for the patient, provide support, for continuity of care, and to assist the patient in navigating services (see Addendum B).

See also:

MCLNO Medication Policy
MCLNO ED Policy 607

**Sources:**

Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States, CDC, January 2005
Mercy and Unity Hospitals, Allina Hospitals and Clinics SANE Protocols, Minneapolis, MN, 2005