**Alberta Health Services** (with specific content from University of Alberta)

**Travellers' Health Services**

**POST -EXPOSURE PROPHYLAXIS (PEP) INFORMATION SHEET**

A post -exposure prophylaxis package is available for the protection of Alberta travellers who will be involved in patient care or laboratory exposure to blood and body fluids, while working in countries with high rates of HIV infection.

**What is the risk of HIV infection from an. occupational exposure?**

The risk of HIV infection following occupational exposure (mainly needle stick injuries) from a source patient *with known HIV-infection,* in the absence of PEP, is approximately 0.3% (3 per 1,000).

**How effective is prophylaxis (PEP)?**

The best available evidence comes from a retrospective study and suggests approximately 80% protection from zidovudine (AZT) alone. Based on experience in prevention of mother to child transmission and in treatment of established HIV infection, it is thought that use of more than one drug will provide greater protection.

**What is the likelihood of HIV infection in a "source" patient?**

This varies markedly between different countries and different communities. HIV rates can be over 25% in the general young adult population in the highest prevalence countries (southern and eastern Africa), and even higher in selected groups such as TB patients. In high-risk populations a source patient should be assumed positive unless tested negative unless there are circumstances predictive of particularly low.risk. Testing of the source patient should be possible in most situations, but.remember that the patient's permission should be obtained and there may be some distinctive local sensitivities or regulations surrounding HIV testing-you are a guest in their country.

**Before you go:**

• Make sure you have had hepatitis B vaccination. Ideally you should have a blood test to

confirm the presence of antibodies against Hepatitis B.

• Assess HIV rates (seroprevalence) in the destination community- usually roughly estimated from internationally available figures (www.unaids.org). HIV is present in all parts of the world including the Caribbean, Latin America, South and East Asia, Oceania, states of the former Soviet Union and sub-Saharan Africa.

• If you may be at significant risk of occupational exposure to HIV, consider obtaining a "starter" pack for post-exposure prophylaxis (PEP). Five days of treatment is in "starter pack"

• Attempt to determine local availability of antiretroviral drugs from your future host or local

sources. Determine how you would get the money at short notice to pay for them.

**Where to obtain starter PEP pack?**

First you must get a prescription from anv licensed phvsician. Then the University Hospital pharmacywill provide the "starter pack" which consists of 5 tablets (for 5 days) of Truvada™ Truvada contains two anti-HIV drugs, tenofovir and emtricitabine . The approximate cost of the starter pack is $131.50 for 5 days.

**When to start PEP pack?**

When PEP is used, according to studies in animal models, it should be started as soon as possible, within minutes to a few hours after a significant exposure. The benefit is likely to be negligible if PEP is started more than 48 to 72 hours after the exposure.

**What is a significant occupational exposure?**

The most important injury both in terms of frequency and risk, is one involving: ·

a) a break in the skin of the health·care worker, b) fresh, still liquid blood involved and c) a hollow needle- i.e., a needle stick injury at the bedside or in the lab.

*Lower but non-zero risk (prophylaxis usually indicated if HIV infection confirmed or highly likely in source patient):*

• Patient blood or blood-contaminated body fluids splashed onto mucous membranes or non-intact skin (fresh cut or raw skin lesion).

• solid needle (suture needle) injury through glove.

*Negligible risk:*

• Patient tested HIV seronegative around the time of the incident, using an internationally

accepted EIA or similar testing method.

• Blood or body fluid contact with intact skin of the health care worker.

• contact with tears, urine, saliva or feces of infected individual

**How do you take the drugs and what side effects could occur?**

One tablet should be taken once a day.

This combination medication is associated with a low rate of acute adverse effects. Some nausea may be experienced by a minority of individuals.

As soon as a decision is made to complete a course of PEP make arrangements to obtain the remaining +/-23 days of treatment.

**Recommended follow-up** (U of A content added here)

• University workers and students must complete an incident report.

http://www.ehs.ualberta.ca//ReportAnInjuryIncident

• University workers and students who require assistance should contact University of Alberta Protective Services at 780-492-5050

• After a significant occupational exposure, whether PEP was used or not, you should have

follow-up blood tests extending up to six· months after the exposure. Consideration should be given to testing for Hepatitis C (and hepatitis B if you were not sure of your vaccination or antibody status pre-travel). This can be done at a family doctor or at the University Health Centre.

If you have a question or encounter a problem please contact Travellers’ Health Services @ 780-735-0100

University community members can contact Environment, Health and Safety at 780-492-0144 or at ehs.info@ualberta.ca

*Prepared by Stan Houston MD, FRCPC, Professor of Medicine, Division of Infectious Disease, and School of Public Health, University of Alberta.* Travellers' Health Services April2011

*U of A Content added by EHS personnel 2015*