MEMO

TO: UMHS Students, House Officers, Faculty, and Staff

FROM: Joseph Kolars, MD, Senior Associate Dean for Education and Global Initiatives
N. Cary Engleberg, MD, Director, Overseas Travel Clinic
Susan Blitz, MD, Director, MHealthy Occupational Health Services

DATE: July 30, 2012

RE: HIV Post-Exposure Prophylaxis for UMHS Travelers Abroad

Current recommendations require the initiation of a post exposure prophylaxis (PEP) regimen within two hours of an inadvertent exposure to potentially HIV-infected bodily fluids from needle sticks, scalpels, or splashes (see below). At UMHS, personnel can quickly access these regimens through UM Occupational Health Services.

Members of our UMHS community who are traveling on UMHS-related activities are each responsible for having a plan to deal with an inadvertent exposure, particularly in settings where HIV may be more endemic and access to a PEP regimen less readily available. This is most important for individuals working in clinics, hospitals, and operating rooms.

Travelers must pursue one of the following so as to have an adequate plan in place:

1. Obtain a one-week supply of a PEP regimen from UM Occupational Health Services. These HIV PEP ‘kits’ must be returned at the end of travel. Instruction on the implementation of PEP will also be provided. Travelers who will be on UMHS related travel (including students on approved rotations) should call 734-764-8021 to schedule an appointment.

2. Obtain a one-week supply of a PEP regimen from their personal provider or from the travel clinic where they are obtaining their other vaccinations and other travel medications (e.g. malaria prophylaxis). UM Occupational Health Services is also willing to provide information on the use of PEP regimens obtained elsewhere.

It is important to note that a four-week course is required and the purpose of the one-week supply is to allow the traveler to initiate treatment within two hours and then have time to access the remaining course of therapy locally, arrange for a shipment of medications, or to return home.

Please direct any questions regarding the management of an exposure to the Body Substance Exposure contact person that works with Occupational Health by calling the UM hospital operator (24/7) at 734-936-4000 and ask for pager 5356.
Post-exposure Prophylaxis for UM Health Care Workers Abroad

Does the incident meet criteria for a bloodborne pathogen exposure?
* A needlestick or cut from a used needle or sharp
* Contact of eyes, nose, mouth or broken skin with blood
  * Assaults – bites, cuts, or knife wounds
* Splashes or punctures – especially when drawing blood
  * Exposure to or transfusion with unscreened blood

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No further action required. Review CDC guidelines for personal protective equipment and bloodborne pathogen exposure.

Is the identity of the source patient known?

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Is the source known to be HIV-positive?

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BEGIN PEP

Is the source available for testing?
AND
Can testing be done reliably?

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Test source patient

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Give first aid only
STOP PEP

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CONTINUE PEP
Obtain baseline blood tests

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BEGIN PEP* within 2 hours of exposure

• Obtain baseline CBC, and comprehensive metabolic panel (with LFTs) on exposed HCW
• Obtain HIV testing on exposed HCW.
• Pregnancy test (♀)

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Contact UM-OHS @ 734-764-8021 to discuss the circumstances of the exposure† and to arrange follow-up on return to the US

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* Combivir 1 tab twice daily **PLUS** Kaletra 2 tabs twice daily (both for 28 days)
† Issues to consider: -- clinical status of source patient
  -- likelihood of primary drug resistance
  -- need to change treatment
  -- baseline testing of HCW for HIV and HCV