

POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL

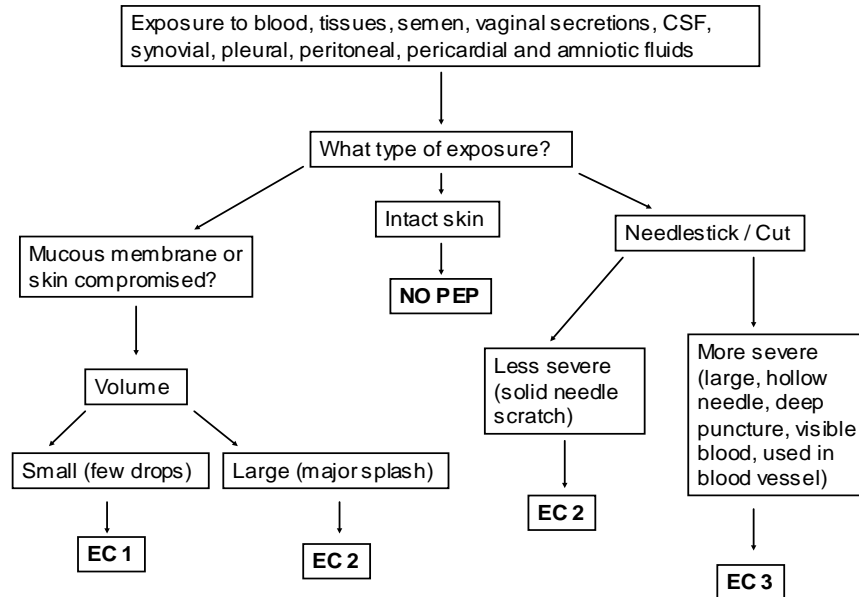
In the case of a needle stick or other blood/body fluid exposures which may occur while traveling and working abroad, follow the recommendations below. Important phone and contact information are provided to permit communication any time you have concerns about this issue. Please note the following:

1. **If you are going to the Penn Botswana program there are specific provisions for needle stick accidents that will be given to you in the booklet that you will receive before going, so these recommendations may not apply to you.**
2. **It is important to run a WHAT IF scenario with your local attending or supervisor BEFORE an actual needle stick accident does happen.**
3. **For students who are planning clinical experiences with the potential for exposure to blood/body fluids in locations where Post-Exposure Prophylaxis drugs (PEP) may not be available to them, Student Health Services will issue prescriptions for a 3-day supply of PEP that students must fill before traveling and always carry at the clinical site.**

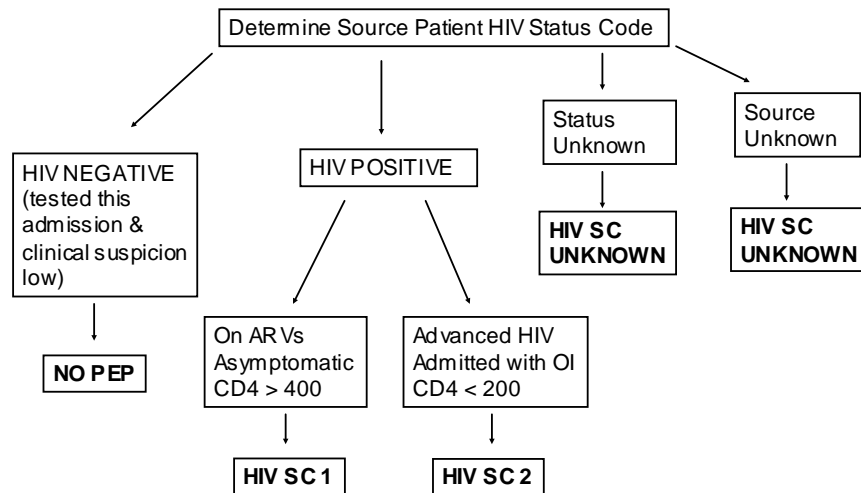
STEPS TO FOLLOW IN CASE OF A NEEDLE STICK ACCIDENT	
1	Do not Panic
2	Remove gloves and wash hands with soap and water or rinse exposed mucus membranes with water for 5 minutes.
3	Notify your local supervisor or attending immediately and with his or her help decide if you need prophylaxis (see Steps A, B, C below). <i>In Botswana only, contact Miriam Haverkamp 76516520.</i>
4	If a decision is made that you need prophylaxis, take the first dose as soon as possible. Be aware of the potential interactions of PEP with other medicines you may be taking (including oral contraceptives).
5	Do rapid test on source patient. This may require consent from the patient. Discuss with your attending local regulations.
6	Do rapid test on yourself, and document the results.
7	Begin treatment using your supply of antiretroviral drugs.
8	Notify the University of Pennsylvania. See the contact list below. If advised to complete the 28-day treatment course, discuss with your Penn contact how to obtain the needed additional drug supply.
9	When you come back, get in touch with Student Health Services to get follow-up HIV testing at 6 weeks and 3 months after exposure.

POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL

STEP A. Determine Exposure Code (EC) for Health Care Worker



STEP B. Determine the HIV Status Code (SC) for Exposure Source



POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL

STEP C. Determine PEP recommendations using table below

All students with exposure code 1, 2, or 3 who desire PEP are recommended to take the expanded regimen PEP (3 drugs in two tablets).

Exposure code (EC)	Status Code (SC) for HIV source	PEP (all courses are for 28 days)
1, 2, 3	1 or 2	Truvada and Raltegravir (this is the generic name for Isentress). Be sure to read package inserts. This is the expanded regimen in your antiretroviral kit
1, 2, 3	Unknown	Start regimen above until source patient HIV status is known or for full 28 days if unable to find out source patient HIV status

Your kit provides a 3-day supply of drugs. If you are advised to complete the 28-day treatment course, then you should discuss with your Penn contact how to obtain the needed additional drug supply.

If the source patient is on ARVs and failing therapy, give regimen above and call or email one of the physicians below for specific recommendations.

IMPORTANT CONTACT INFORMATION AT PENN		
Stephen Gluckman	stephen.gluckman@uphs.upenn.edu	215 906 4089 (cell)
Janet Hines	janet.hines@uphs.upenn.edu	215 662 6932
Pablo Tebas	pablo.tebas@uphs.upenn.edu	267 975 5735 (cell)

During working hours, if you cannot reach one of the Infectious Disease physicians above, call 215-662-6932 and ask for one of the attendings. After hours, call the Infectious Disease fellow on call at 215-265-1634, discuss your case, and ask the fellow to contact one of the attendings.

References: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm> (1 of 36) 11/13/2008



POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOL

MOST COMMONLY PRESCRIBED DRUGS FOR PEP	COMMERCIAL NAMES
<ul style="list-style-type: none"> • Tenofovir (TDF) 300 mg po daily • Emtricitabine (FTC) 200 mg po daily OR • Lamivudine (3TC) 300 mg po daily • Lopinavir 400 mg/ritonavir 100 mg po twice daily (two 200mg/50mg tablets twice-daily) • Raltegravir 400 mg po twice daily 	<p>Viread Emtriva Epivir Kaletra or Aluvia</p> <p>Isentress</p>
<p>Tenofovir (TDV) and Emtricitabine (FTC) are both nucleoside reverse transcriptase (NRT) inhibitors. They are also sold in a combined formulation called Truvada. Dosing is 1 tablet a day (TDF 300 mg and FTC 200 mg). Truvada can be taken with or without food.</p> <p>Lamivudine (Epivir) is a nucleoside analog. It is sold in 150 mg and 300 mg tablets. The dose is 300 mg a day. It can be taken with or without food.</p> <p>Lopinavir and ritonavir are both protease inhibitors. The combination of these two drugs is formulated under the name Kaletra or Aluvia. Kaletra and Aluvia tablets consist of 200 mg lopinavir and 50 mg ritonavir. Dosing is 2 tablets twice a day (total of 4 tablets a day). Kaletra and Aluvia should be taken with food.</p> <p>Raltegravir (Isentress) is an integrase inhibitor. It is sold in 400mg tablets. The dose is 1 tablet twice a day. It can be taken with or without food.</p>	

MAIN SIDE EFFECT OF PEP DRUGS	
Tenofovir	Headache, nausea/vomiting
Emtricitabine	GI side effects, usually well tolerated
Truvada	Headache, nausea/vomiting
Lamivudine	GI side effects, usually well tolerated
Aluvia/Kaletra	Diarrhea, nausea/vomiting
Raltegravir	Usually well tolerated