**Serological Testing for HCP Following Occupational Exposure to HIV, HBV, HCV**

**Source Pt:**

HIV + UNKNOWN SOURCE

HBV +

HCV +

HCV PCR +

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Infection Status of Source Patient****↓** | **Baseline Labs** | **2 Weeks** | **4 Weeks** | **6 Weeks** | **4 Months** | **6 Months** |
| **DATE: 🡪** | **\_\_/\_\_/\_\_\_\_** | **\_\_/\_\_/\_\_\_** | **\_\_/\_\_/\_\_\_** | **\_\_/\_\_/\_\_\_** | **\_\_/\_\_/\_\_\_** |  **\_\_/\_\_/\_\_** |
| **HIV positive** | HIV test – 4th generation | Lab - only if baseline abnormal or clinical indication |  | HIV test - 4th generation | HIV test - 4th generation |  |
| **HBsAg positive** | * If source positive and HCP unknown, need HBsAb.
* If HBsAb >12 mIU/mL - testing complete.
* If HBsAb <12 mIU/mL, need anti-HBc & HBsAg at baseline
 |  |  |  |  | * Anti-HBc
* HBsAg
 |
| **Hepatitis C RNA PCR positive** | Anti-HCV (Hepatitis C antibody)   | Lab - only if baseline abnormal or clinical indication |  | HCV RNA PCR  |  Anti-HCV (Hepatitis C antibody) |  |
| **Unknown source** | * HIV test – 4th generation
* If source unknown and HCP HBsAb unknown, need HBsAb.
* If HBsAb >12 mIU/mL - testing complete.
* If HBsAb <12 mIU/mL, need anti-HBc & HbsAg at baseline
* HCV antibody
 | Lab - only if baseline abnormal or clinical indication |  | * HIV test – 4th generation
* HCV RNA PCR
 | * HIV test – 4th generation
* Anti-HCV (Hepatitis C antibody)
 | * Anti-HBc
* HBsAg
 |
| Serum Pregnancy test - females | Yes |  |  |  |  |  |
| CBC with diff | Yes | Only if indicated | Only if indicated |  |  |  |
| CMP (Comprehensive Metabolic Panel)  | Yes | Only if indicated | Only if indicated |  |  |  |

**NOTE: Extended HIV follow-up (e.g., for 12 months) is recommended for HCP who become infected with HCV after exposure to a source who is co-infected with HIV and HCV.**

**APPENDIX G: Serological Testing for HCP Following Occupational Exposure to HIV, HBV, HCV**

**Source Pt:**

HIV + UNKNOWN SOURCE

HBV +

HCV +

HCV PCR +

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Meds** | **Dosage** | **Start** | **End** | **Comments** |
| TRUVADA (emtricitabine 200mg and tenofovir 300mg) | One tablet PO 1x day for 4 weeks |  |  |  |
| ISENTRESS (Raltegravir 400 mg) | One tablet PO 2x day for 4 weeks |  |  |  |
| Zofran | 4mg ODT (oral disintegrating tablet) q8hrs PRN |  |  |  |
| **Miscellaneous Meds:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signature: MD/NP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Risk for Occupational Transmission**

***HIV***

Factors associated with risk for occupational transmission of HIV have been described; risks

vary with the type and severity of exposure.

In prospective studies of HCP, the average risk for HIV transmission:

* Following percutaneous exposure to HIV-infected blood has been estimated to be approximately 0.3% (95% confidence interval [CI], 0.2%–0.5%)
* Following mucous membrane exposure to be approximately 0.09% (95% CI, 0.006%–0.5%).

***Hepatitis B***

* Following contaminated percutaneous injury: ~30%
* Following mucous membrane exposure: <1%

***Hepatitis C***

* Following contaminated percutaneous injury: ~1.8% (range 0-7%)
* Following mucous membrane exposure: <1%