



OCCUPATIONAL POST-EXPOSURE PROPHYLAXIS (PEP) AGAINST HIV IN ADULTS

Any possible exposure to body fluids from potentially HIV-infected patients, particularly needlestick injuries, should be reported immediately and prompt action taken. The incident should be reported to the senior nurse (the PNO or Night Superintendent) and Patient Safety Nurse and the member of staff involved should be assessed by a Medical Officer or Specialist.

The Lead Consultant for HIV services is Dr Josephine Mugume.

Kisiizi follows the national guidelines recommended by the Uganda Ministry of Health and the steps outlined in the information below should be followed.

Kisiizi Pharmacy stocks anti-retroviral medication.

Reference: December 2016 Consolidated Guidelines for Prevention and Treatment of HIV in Uganda



Ministry of Health

See extracted section below on PEP:

CONSOLIDATED GUIDELINES FOR PREVENTION AND TREATMENT OF HIV IN UGANDA

3.3.2. POST-EXPOSURE PROPHYLAXIS

Definition: Post-exposure prophylaxis (PEP) is the short-term use of ARVs to reduce the likelihood of acquiring HIV infection after potential occupational or non-occupational exposure.

Types of exposure:

- **Occupational exposures** occur in the health care or laboratory setting and include sharps and needlestick injuries or splashes of body fluids to the skin and mucous membranes.
- **Non-occupational exposures include** unprotected sex, exposure following assault like in rape and defilement, and road traffic accidents.

Steps in assessing a potential PEP recipient

Health facilities providing PEP must have trained health care workers on infection prevention and control, and management of PEP. The health care workers should use the steps in [Table 7](#) to assess clients for PEP eligibility and provide PEP.

Table 7: Steps for providing post-exposure prophylaxis (PEP)

Step	Description
Step 1: Clinical assessment and providing first aid	<p>Conduct a rapid assessment of the client to assess exposure and risk and provide immediate care.</p> <p>Occupational exposure:</p> <p>After a needle stick or sharp injury</p> <ul style="list-style-type: none"> Do not squeeze or rub the injury site Wash the site immediately with soap or mild disinfectant (chlorhexidine gluconate solution) Use antiseptic hand rub/gel if no running water Don't use strong, irritating antiseptics (like bleach or iodine) <p>After a splash of blood or body fluids in contact with intact skin</p> <ul style="list-style-type: none"> Wash the area immediately Use antiseptic hand rub/gel if no running water Don't use strong, irritating antiseptics (like bleach or iodine) <p>For exposure-specific injuries, refer to the PEP Guidelines</p>
Step 2: Eligibility assessment	<p>Provide PEP when:</p> <ul style="list-style-type: none"> Exposure occurred within the past 72 hours; and The exposed individual is not infected with HIV; and The 'source' is HIV-infected, has unknown HIV status or is high risk <p>Do not provide PEP when:</p> <ul style="list-style-type: none"> The exposed individual is already HIV-positive The source is established to be HIV-negative Individual was exposed to bodily fluids that do not pose a significant risk (e.g. tears, non-blood-stained saliva, urine, sweat) Exposed individual declines an HIV test
Step 3: Counseling and support	<p>Counsel on:</p> <ul style="list-style-type: none"> The risk of HIV from the exposure Risks and benefits of PEP Side effects of ARVs (see Table 52) Enhanced adherence if PEP is prescribed Importance of linkage for further support for sexual assault cases
Step 4: Prescription	<ul style="list-style-type: none"> PEP should be started as early as possible, not beyond 72 hours of exposure Recommended regimens include: <ul style="list-style-type: none"> Adults: TDF+3TC+ATV/r Children: ABC+3TC+LPV/r A complete course of PEP should run for 28 days Do not delay the first doses because of lack of baseline HIV test Document the event and patient management in the PEP register (ensure confidentiality of patient data)
Step 5: Provide follow-up	<ul style="list-style-type: none"> Discontinue PEP after 28 days Perform follow-up HIV testing three months after exposure Counsel and link to HIV clinic for care and treatment if HIV-positive Provide prevention and education/risk reduction counseling if HIV-negative

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TOXICITIES AND SIDE EFFECTS FO COMMONLY USED ARV'S

Table 52: Toxicities/side effects of commonly used ARVs and recommended substitutions

Age category	Regimen	Major toxicity events	Responsible ARV	Suggested management
Adults, adolescents, pregnant and lactating women	TDF+3TC+EFV	Persistent central nervous system toxicity (such as dizziness, insomnia, abnormal dreams) or mental symptoms (anxiety, depression, mental confusion)	EFV	Reassure, lower the dose of EFV to 400 mg. If persists substitute EFV with DTG and use regimen TDF+3TC+DTG.
		Convulsions		Substitute with DTG
		Hepatotoxicity		Use regimen TDF+3TC+DTG
		Severe skin and hypersensitivity reactions		
		Gynecomastia	TDF	Substitute with ABC
		Chronic kidney disease		Use regimen ABC+3TC+EFV
		Acute kidney injury and Fanconi syndrome		
		Decreased bone mineral density		
	TDF+3TC+DTG	Lactic acidosis or severe hepatomegaly with steatosis	TDF	Substitute with ABC Use regimen ABC+3TC+DTG
		Chronic kidney disease		
		Acute kidney injury and Fanconi syndrome		
		Decreased bone mineral density	DTG	Substitute with EFV Give TDF+3TC+EFV If EFV is contraindicated: use TDF+3TC+ATV/r
		Hepatotoxicity		
	ABC+3TC+DTG	Hypersensitivity reactions	ABC	Stop and substitute with TDF Use regimen: TDF+3TC+DTG If TDF is contraindicated: use AZT+3TC+DTG
		Hepatotoxicity	DTG	Substitute with EFV Give TDF+3TC+EFV If EFV is contraindicated: use TDF+3TC+ATV/r
		Hypersensitivity reactions		

Age category	Regimen	Major toxicity events	Responsible ARV	Suggested management
Adults, adolescents, pregnant and lactating women	AZT+3TC+NVP	Severe anemia, neutropenia	AZT	Substitute with TDF Use regimen: TDF+3TC+NVP If TDF is contraindicated: use ABC+3TC+NVP
		Lactic acidosis or severe hepatomegaly with steatosis		
		lipoatrophy, lipodystrophy, myopathy		
		Severe vomiting	NVP	Substitute with DTG Use regimen: AZT+3TC+DTG
		Acute symptomatic hepatitis		
		Severe skin rash		
	ATV/r-based regimen	Hypersensitivity reaction, Stevens-Johnson Syndrome (severe or life-threatening rash, mucosal involvement)	ATV/r	Use with caution in people with pre-existing conduction disease or who are on concomitant drugs that may prolong the PR or QRS intervals. This phenomenon is clinically benign but potentially stigmatizing. Substitute with LPV/r only if adherence is compromised. Substitute with LPV/r or DRV/r. If boosted PIs are contraindicated, and NNRTIs have failed in first-line ART, consider salvage therapy.
		Electrocardiographic abnormalities (PR and QRS interval prolongation)		
		Indirect hyperbilirubinemia (clinical jaundice)		
		History of nephrolithiasis	DRV/r	Substitute with ATV/r or LPV/r. When it is used in third-line ART, limited options are available. For hypersensitivity reactions, substitute with another therapeutic class.
	DRV/r-based regimen	Hepatotoxicity		
		Severe skin and hypersensitivity reactions	ETV	Substitute with another therapeutic class (integrase inhibitors or boosted PIs).
	ETV-based regimen	Severe skin and hypersensitivity reactions		

Kisiizi provides access to the full consolidated guidelines via Stre@mline including the 2018 updates on ART for People Living with HIV.

Go to “Hospital Resources” then select “HIV” Category and the list of available resources will appear and can be accessed 24 hours a day. These documents are stored on the Kisiizi server so are not internet dependent.



The screenshot shows the Kisiizi Hospital Stre@mline interface. At the top, there are logos for Kisiizi Hospital and Stre@mline, along with a date and time display (24th January 2019, 10:53:36 A.M.). Below the header, there is a section titled "KH-Resources". On the left, there is a "Resource Category" dropdown menu with a "Select a category" button and a "Submit Category" button. On the right, there is a table titled "Showing results for HIV" with three columns: #, Title, Description, and Details. The table contains three rows of results, each with a "Download" link in the Details column.

#	Title	Description	Details
1	Demystifying ART resistance and Updates in treatment	presentation by Dr Bruce Twina	Download
2	Update to Consolidated Guidelines HIV Care in Uganda July 2018	Ministry of Health update slid	Download
3	Consolidated Guidelines for Prevention and Treatment of HIV in Uganda 2016	Ministry of Health 2016	Download

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