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INTRODUCTION AND CONTACT INFORMATION

Introduction

- These guidelines outline the risk assessment and management for potential percutaneous, mucosal, or non-intact skin exposures to human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) from blood or body fluids.

- This manual is intended for Emergency Department Staff, Community Health Nurses, Nurse Practitioners, Physicians, Infection Control Practitioners, Occupational Health Practitioners and Infectious Disease Nurses.

Yukon Communicable Disease Control (YCDC) Role in Post Exposure Management

- YCDC provides consultation services to health care professionals when questions arise on post exposure management during hours of operation.

- Individuals exposed to blood and/or body fluids can be referred to YCDC for management during hours of operation. (Refer to pg. 3 for YCDC contact information and hours of operation)

Yukon Consultation with BC Centre for Excellence in HIV/AIDS

- The BC Centre for Excellence in HIV/AIDS (BC-CfE) has an agreement with the Yukon to provide consultation services for managing cases of accidental exposure or risk of exposure to HIV.

- The BC-CfE service is available to Yukon physicians and nurses working in Community Health Centres, who request consultation regarding case management of an exposed person to HIV or risk of HIV exposure.

- This support is offered via telephone consultation with an on-call BC-CfE pharmacist with expertise in this specialized field.

- Community Nurses – When using BC-CfE consultation service, please be advised that should HIV post exposure prophylaxis be recommended, this should be discussed and prescribed by a licensed Yukon Physician.

- The program also allows Yukon Health Professionals access to BC-CfE guidelines. Including: “Management of Accidental Exposure to HIV” guideline which can be found online at: http://www.cfenet.ubc.ca/therapeutic-guidelines (Refer to pg. 3 for BC-CfE contact information)
For Questions Regarding Post Exposure Management

Contact YCDC - Monday – Friday 0830 to 1630hrs

Yukon Registered Nurses

When calling YCDC for consultation please indicate that your call is regarding post exposure management.

After Hours/Weekends

1. Whitehorse General Hospital - Emergency Department Physician on call or the Community Physician.
2. The Medical Officer of Health may be called if required after calling the WGH ER Physician or Community Physician.
3. *BC-CfE may be called by the RN if requested by the physician, MOH and in the situation of a complex case, i.e. exposure occurred in a pregnant woman.

*Community Nurses – When using BC-CfE consultation service, please be advised that should HIV post exposure prophylaxis be recommended, this should be discussed and prescribed by a licensed Yukon Physician.

Yukon Physicians

Contact any of the following (depending on the nature of the inquiry):

- Yukon Communicable Disease Control
- Dr. Brendan Hanley MOH
- BC Centre for Excellence in HIV/AIDS
Contact Information

Yukon Communicable Disease Control  
Hours: Monday- Friday (0830-1630)  
#4 Hospital Road,  
Whitehorse, Yukon  
Y1A 3H8

Telephone  
Local (867) 667-8323  
Within Yukon 1-800-661-0408 ext: 8323  
Fax (867) 667-8349

Whitehorse General Hospital  
Emergency Department  
(Ambulatory Care)  
#5 Hospital Road,  
Whitehorse, Yukon  
Y1A 3H7  
Tel: (867) 393-8700  
Fax: (867)393-8707

Dr. Brendan E. Hanley MD CCFP (EM) MPH  
Chief Medical Officer of Health, Yukon  
#4 Hospital Road,  
Whitehorse, Yukon  
Y1A 3H8  
Tel: (867) 456-6136  
Fax: (867) 667-8349  
Cell: (867) 332-1160

BC Centre for Excellence in HIV/AIDS  
608-1081 Burrard St.  
Vancouver, BC V6Z 1Y6  
Monday – Friday (0800 – 1700) Tel: (604) 806-8429  
Afterhours and weekends Tel: (604) 341-1410  
Fax: (604) 806-9044  
Website: www.cfenet.ubc.ca
Accessing Care in the Yukon for Post Exposure Management (Exposed Person)

Whitehorse General Hospital

Employees

- The exposed employee should report to the WGH Infection Control/Occupational Health Practitioner or designate.

- After hours and weekends the exposed employee should be assessed by a physician in the Emergency Department.

In-Patient

- The attending physician or Nurse in Charge should contact the WGH Infection Control/Occupational Health Practitioner or designate. For after hours and weekends the attending physician or Nurse in Charge will be responsible for the assessment and initial management.

Infection Control and Occupational Health Practitioner

Whitehorse General Hospital

Hours: Monday-Friday
Tel: (867) 393-8933
Fax: (867) 393-8943

Whitehorse General Public

- The exposed Whitehorse community member can be referred to the following location

Yukon Communicable Disease Control
#4 Hospital Road
Whitehorse, Yukon, Y1A 3H8
Hours: Monday- Friday (0830-1630)
Tel: (867)667-8323
Fax: (867)667-8349

Whitehorse General Hospital
Emergency Department
#5 Hospital Road
Whitehorse, Yukon, Y1A 3H7
Tel: (867)393-8700
Fax: (867)393-8707

Communities Surrounding Whitehorse

- The exposed community member should go to the Community Health Centre to be assessed by a Community Health Nurse or physician.
Indications for Post Exposure Management

Post-exposure management is required when all of the following 4 indications are present:

- percutaneous, mucosal or non-intact skin (i.e. presence of wound/s, dermatitis) exposure;
- the exposure is to blood, potentially infectious body fluid or tissue (see Appendix A: “Fluids and Tissues Capable of Transmitting Bloodborne Pathogens”);
- the source is considered potentially infectious (positive test, or in a higher risk group, or exposure occurred in a higher risk setting);

AND

- the exposed person is considered susceptible to at least one of the following viruses:
  - HIV,
  - HBV, or
  - HCV
1. Cleanse the Exposed Area

- Mucous membrane or eye: rinse well with water and/or normal saline.
- Skin: wash well with soap and water.
- Allow injury/wound site to bleed freely, and then cover lightly.
- Do not promote bleeding of percutaneous injuries by cutting, scratching, squeezing, or puncturing the skin. This may damage the tissues and increase uptake of any pathogen(s).
- Do not apply bleach to the injury/wound or soak it in bleach.

2. Triage Points for Consideration

If percutaneous, mucosal, or non-intact skin exposure has occurred, the exposed person should have a risk assessment performed by a qualified health professional, preferably within 2 hours of exposure.

Hepatitis B

- If indicated, Hepatitis B immune globulin (HBlg) should be given as soon as possible and preferably within 48 hours following the exposure.
- If indicated, following a percutaneous exposure, HBlg should be received no later than 7 days following the exposure.
- If indicated, following a mucosal or sexual exposure, HBlg should be received no later than 14 days following the exposure.

HIV Antiretroviral Therapy

- If antiretroviral therapy is indicated, it should be initiated as soon as possible after exposure, preferably within 2 hours.
- There is no absolute cut-off time for the initiation of antiretroviral therapy for “significant risk” exposures (see Table 3, pg. 16 for description of these types of exposures).
3. How to Assess the Risk of Exposure

- Complete a risk assessment using the Blood and Body Fluid Exposure Form (BBFE). The form is designed as an information management tool to facilitate the collection of exposure information and recording of post-exposure treatment and management.
- Refer to Appendix J, Blood and Body Fluid Exposure Form
  - All practitioners can access the form electronically at http://www.hss.gov.yk.ca/exposure_management.php
  - It is also located in Section 16, of the Yukon Immunization Program Manual

What is the Risk of Transmission from the Exposure?

The following body substances have not been implicated in the transmission of HIV, HBV, or HCV unless they contain visible blood: (Refer to Appendix A, Fluids and Tissues Capable of Transmitting Bloodborne Pathogens).

- faeces
- nasal secretions
- sputum
- sweat
- tears
- urine
- vomitus

Refer to Appendix N, Probability of Transmission of HIV, HBV, HCV
Blood and Body Fluid Exposure Management Algorithm:
Exposed Person

Are the four indications present for post-exposure management?
- percutaneous, mucosal or non-intact skin
- exposure to blood or infectious body fluids
- potentially infectious source
- susceptible exposed person

Yes

- No post exposure management required
- Provide education, counseling or advice as appropriate

No

- Assess risk of the source for HIV, HBV and HCV
- Refer to Appendix B: Risk Factors for Possible Transmission

HIV

- Obtain baseline anti – HIV
- Assess eligibility for PEP
- Refer to Table 3, pg 16: Stratification of HIV Exposure

Negligible Risk: No PEP
- Complete: 3, 6 week and 3, 6 month serology

Significant risk: Start PEP:
- Refer to Table 1, pg 13: Testing of the Exposed Person

HBV

- Complete baseline serology
- Determine HBV susceptibility
- Refer to Table 4, pg 21: Hepatitis B Post-Exposure prophylaxis

Source Unknown
- Complete 3 and 6 month serology (Anti HCV)

Source HCV -ve or High Risk
- Complete 3 week HCV RT-PCR

Source HCV +ve
- Complete 3 and 6 month Serology (Anti HCV)

HCV

• Complete baseline Anti- HCV serology
• Note: There is no initial PEP for HCV

Source Unknown
- Complete 3 and 6 month, serology (Anti HCV)

Source Known
- Complete:

*Antiretrovirals are not recommended for needlesticks from an abandoned needle in a community setting when there is no history of the origin of the needle or the time of its abandonment.
4. Assess the Risk of Transmission from the Source

- Determine if the source identity of the blood or body fluid is known. If source is known, attempts should be made to have the source tested as soon as possible.
- For consideration of window periods – HIV, HBV, HCV, Refer to Appendix C.
- The source should be managed by someone OTHER THAN the exposed individual.
- Obtain the source person’s consent for testing for (Refer to Table 2, pg 14: Lab Collection of Specimens).
  - Anti-HIV
  - Anti-HCV
  - HBsAG
  - Anti-HBs
  - Anti-HBc
- The appropriate pre- and post-test counselling should be done for each test. Obtaining informed consent from the source is an integral part of all post-exposure testing procedures, as is maintaining confidentiality of all information.

Discuss the following with the source person:

- Why/how their test results are needed for the management of the exposed person, as well as the importance for follow-up of their own test results.
- Their consent is needed for:
  - Disclosure of their test results to their Health Care Provider (so they can be contacted with the results).
  - Disclosure of their test results to the exposed person’s Health Care Provider.
  - Test results to be sent to Yukon Communicable Disease Control.
- That the exposed person will not be informed of their (the source) test results, nor their identity, if not already known.

Inform the source that:

- For all positive results, a lab report will be sent to the submitting Health Care Provider and to Yukon Communicable Disease Control.

If the source refuses testing, carefully consider the reasons for refusal. If there is no reason to suspect the source is in a high-risk group for HIV, HBV, HCV and refusal is based on factors other than fear of disclosure, then consider this a low risk source. It is not appropriate to automatically consider persons who refuse testing to be at high risk of infection.

Please note: A mandatory testing and disclosure act (of source) is not currently in place in the Yukon.

Counsel

- Provide counselling in the health facility as required, with more detailed counselling to be provided by the follow up health care provider.
5. Determine the HIV, HBV and HCV Status of the Exposed Person

Do not wait for test results before commencing post-exposure treatment

- Determine the status of the exposed person with respect to prior infection with HIV, HCV or HBV and previous immunization against HBV.
- Obtain the exposed person’s consent and collect samples for the appropriate tests (Refer to Table 1, pg 13: Testing of the Exposed Person, Table 2, pg. 14: Laboratory Collection of Specimens).
  - anti-HIV
  - anti-HCV
  - HBsAG
  - anti-HBs
  - anti-HBc

- This baseline testing is critical for occupational exposures and possible compensation by the Worker’s Compensation Board (WCB) – please refer to facility specific information regarding WCB claims as this is not discussed further in this guideline.

- Obtain and document consent from the exposed person for disclosure of lab results to their:
  - Follow-up Health Care Provider
  - Yukon Communicable Disease Control

- The appropriate pre- and post-test counselling should be done for each test. Obtaining informed consent from the source is an integral part of all post-exposure testing procedures, as is maintaining confidentiality of all information.

Inform the exposed person that:

- For all positive results, a lab report will be sent to the submitting Health Care Provider and to YCDC.

6. Counsel

- Provide post-exposure counselling in the health facility, with more detailed counselling to be provided by the follow up health care provider or by Yukon Communicable Disease Control in a follow up visit.

- Counseling should include points in Appendix L “Blood and Body Fluid Exposure Counseling Guidelines”, Appendix M “Reducing Transmission to Others” and Appendix N “Probability of Transmission of HIV, HBV and HCV.”
7. Arrange Clinical and Laboratory Follow-Up

If possible, draw the required initial blood work of the exposed person and source while they are in the health facility.

- The specimens obtained from both exposed and source should be sent to the WGH lab STAT.
- Community Nurses should refer to the laboratory guidelines on sending a STAT specimen to the WGH lab.
- **Key points:**
  - The requisition should clearly identify the nature of testing as a blood and body fluid exposure incident
  - Send the specimens as a STAT so that rapid turn around can be achieved
  - Notify WGH lab staff of this request.

Whitehorse General Hospital Laboratory
#5 Hospital Road
Whitehorse, Yukon
Y1A 3H7
Phone: (867) 393-8739
Follow-Up Testing:

- Clinical and laboratory follow-up should be arranged with the exposed person’s health care provider.

- Use the Blood and Body Fluid Exposure Form (BBFE) (Refer to Appendix J), which outlines tests performed at baseline and to specify dates for follow up tests.

- Complete the Exposed Person’s Follow-Up Plan (Form – Appendix K) and give it to the client. This is the client’s summary of steps taken for initial management and any follow up (including blood tests) that may be required.

When referring clients to YCDC for follow up:

- Please note that YCDC obtains specimens for the following investigations with respect to post exposure management: Anti HCV, Anti HIV, AntiHBc, HBsAg, AntiHBs

- HCV PCR tests are ordered by a physician and are not performed at YCDC, however, arrangements can be made through YCDC to have the testing done at the WGH lab.

- Investigations for monitoring clients on HIV antiretroviral therapy are ordered by a physician and are not performed at YCDC, however, arrangements can be made with YCDC to have this testing done at the WGH lab.
### Table 1: Testing of the Exposed Person

<table>
<thead>
<tr>
<th>TIME SINCE EXPOSURE</th>
<th>Anti-HIV</th>
<th>Anti-HCV</th>
<th>HCV PCR</th>
<th>HBsAg ☑</th>
<th>Anti-HBs ☑</th>
<th>Anti-HBc ☑</th>
<th>RATIONALE FOR TESTING OF THE EXPOSED PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAP</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>To check baseline status of the exposed person. Negative or non-reactive test results suggest no prior infection.</td>
</tr>
<tr>
<td>3 weeks after exposure</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>If source is HCV+ or in a high risk group, test exposed person for HCV infection by RT-PCR. If HCV RT-PCR+, early treatment may be beneficial. If the exposed person is confirmed PCR+, active infection is present and there is no need to test for anti-HCV.</td>
</tr>
<tr>
<td>6 weeks after exposure</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To check whether seroconversion has occurred. A change from the initial negative (or non-reactive) test result to a positive (or reactive) result indicates that seroconversion has occurred. Seroconversion following a blood or body fluid exposure does not definitively establish that the exposure was the source of the virus if the exposed person has other risk factors.</td>
</tr>
<tr>
<td>3 months after exposure</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>☑</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>6 months after exposure</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>☑</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

1. If the source person tests negative for HBV, HCV, and HIV and is not in a high-risk group, only baseline testing of the exposed person is indicated.
2. See Table 4, pg. 21: Hepatitis B Post-Exposure Prophylaxis
3. If PCR+, a second sample needs to be tested to confirm the result.

**Note:** If the exposed person is a pregnant woman, request HBV testing as close to delivery as possible.
### Table 2: Laboratory Collection of Specimens

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Requisition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HIV</td>
<td>1 Yellow Top 7mL SST Tube</td>
<td>Use BCCDC PHSA Laboratory requisition (Refer to Appendix H) Serology requisition</td>
</tr>
<tr>
<td>Hepatitis Screening:</td>
<td>1 Yellow Top 7mL SST Tube</td>
<td>Use BCCDC PHSA Laboratory requisition (Refer to Appendix H) Serology requisition</td>
</tr>
<tr>
<td>Anti-HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBsAg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HBs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HBc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV PCR</td>
<td>2 pink top EDTA 7mL tubes</td>
<td>Use BCCDC PHSA Laboratory requisition (Refer to Appendix I) Virology requisition</td>
</tr>
<tr>
<td></td>
<td>*Must be kept cold if transporting from a community to Whitehorse</td>
<td></td>
</tr>
</tbody>
</table>

8. Record

- Use the Blood and Body Fluid Exposure Form ([Appendix J](#)) to capture:
  - exposed person’s risk assessment
  - treatment given
  - laboratory testing
  - recommendations and follow up
  - client copy of initial management and required follow up

- For an occupational exposure follow WCB guidelines (not included in this guideline) for injury reporting. This must not delay emergency assessment and management.

Please Fax the Completed Form to:

The exposed person’s designated follow up health care provider and YCDC (if involved in the case) Fax (867) 667-8349.
9. Follow-Up of Exposed Person

- Encourage the exposed person to follow-up with their family physician or other designated health practitioner as it is extremely important to discuss the results of baseline testing and to arrange for subsequent testing. It is also necessary to complete the hepatitis B vaccine series and/or a month of antiretroviral therapy, if indicated.

If antiretrovirals are started, it is essential that the exposed person follow-up with a physician as soon as possible. The antiretroviral starter kits contain only a five day supply of medication.

- Complete and provide the exposed person with the Exposed Person’s Follow-Up Plan (form) which will act as a summary of initial management and any required follow up.

(Refer to Appendix J Blood and Body Fluid Exposure Form and Appendix K Exposed Person’s Follow-up Plan)

Follow-up of source person

- Encourage the source person to follow-up with their health care provider.

- If the source person is HBV negative, consider hepatitis B vaccine if indicated.
## HIV EXPOSURE

### Table 3: Stratification of HIV Exposures

<table>
<thead>
<tr>
<th>EXPOSURE RISK</th>
<th>EXPOSURE EXAMPLES</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGNIFICANT RISK:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Infectious body fluid and an HIV positive source or a known high-risk source</td>
<td>Any percutaneous exposure to infectious body fluids ¹</td>
<td>Antiretroviral starter kit (5 day kit)</td>
</tr>
<tr>
<td></td>
<td>• Mucous membrane or non-intact skin exposure (3 or more drops for 3 or more minutes).</td>
<td>Consult:</td>
</tr>
<tr>
<td></td>
<td>• In the event of a large prolonged exposure of blood on intact skin, assess the integrity of the skin. If appropriate, treat as a significant risk exposure.</td>
<td>YCDC Weekdays 0830-1630hrs Tel: (867) 667-8323</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Officer of Health:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Brendan Hanley Tel: (867) 456-6136 Cell: (867) 332-1160</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BC Centre for Excellence in HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monday – Friday (0800 – 1700) Tel: (604) 806-8429 Afterhours and weekends Tel: (604) 341-1410</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: * Community Nurses – When using BC-CfE consultation service, please be advised that should HIV post exposure prophylaxis be recommended, this should be discussed and prescribed by a licensed Yukon Physician.</td>
</tr>
<tr>
<td><strong>NEGLIGIBLE RISK:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Source known or presumed to be HIV negative OR</td>
<td>Percutaneous, mucous membrane or skin exposure to non-infectious body fluid – source HIV positive or negative.</td>
<td>No antiretrovirals recommended.</td>
</tr>
<tr>
<td></td>
<td>• Injury not known to transmit HIV OR</td>
<td>Offer counselling clarifying the negligible risk of HIV infection and advise re: risk prevention (i.e. preventing recurrences of exposure incidents).</td>
</tr>
<tr>
<td></td>
<td>• Body fluid not known to transmit HIV</td>
<td></td>
</tr>
</tbody>
</table>

¹Antiretrovirals (ARTs) are not provided free to persons exposed to HIV as part of their personal lives (i.e. consensual adult sex, or sharing drug injection equipment). However, the assessing physician may elect to prescribe ARTs for these situations and should consult with YCDC or the BC Centre for Excellence in HIV/AIDS regarding which ARTs to prescribe.

**Note:** Prophylaxis is not recommended for needlesticks from abandoned needles when they are outside the healthcare setting or when there is no history of the needle or the time of abandonment.
Antiretroviral Therapy

- If antiretroviral therapy is indicated for possible HIV exposure, it should be administered as soon as possible after exposure, preferably within 2 hours.
- There is no absolute cut-off time for the initiation of antiretroviral therapy for “significant risk” exposures (see Table 3, pg 16 for description of these types of exposures).
- Antiretroviral therapy should be initiated for eligible exposed persons even if they present more than 2 hours after the exposure.
- Many exposed persons in the community do not report the incident for a day or two. While use after 36 hours may not prevent HIV transmission, it is possible that it may favourably alter the subsequent disease in the exposed person, with later onset of advanced disease.
- Antiretrovirals are not recommended for needlesticks from an abandoned needle in a community setting when there is no history of the origin of the needle or the time of its abandonment.
- For Sexual Assault, HIV Risk/Post Exposure Prophylaxis refer to Appendix G.

Antiretroviral therapy will vary for:

- Children (see Appendix D)
- Pregnant women (see Appendix E)
- Those exposed to a source known to have been on antiretroviral therapy
- Source whose HIV infection is known to be drug resistant

Yukon Practitioners are encouraged to consult with the BC Centre for Excellence in HIV/AIDS to tailor a prophylactic regimen for these individuals.
Monday – Friday (0800 – 1700) Tel: (604) 806-8429
Afterhours and weekends Tel: (604) 341-1410

Contraindications to Antiretroviral Therapy

- There are many potential drug interactions with antiretroviral medication. Therefore, a careful medication history is required before medications are prescribed.
- Non-essential medications and all alternative therapy should be discontinued during antiretroviral therapy.
- Avoid or use with extreme caution in persons with chronic renal insufficiency, hepatic insufficiency, or bone marrow dyscrasias.
- Avoid or use with extreme caution in persons treated with myelosuppressive, nephrotoxic or hepatotoxic drugs in the two weeks prior to starting antiretroviral therapy.
The Antiretroviral Starter Kit

- Each starter kit contains a 5-day supply of antiretroviral medications according to current recommendations of the BC Centre for Excellence in HIV/AIDS. Drug information sheets are included in each kit (Refer to Appendices P, Q, and R for Medication Information Sheets).
- The starter kit is intended to provide 5 days of therapy while a more detailed assessment of the risk of transmission can occur.
- **Within three days,** follow-up should occur with the exposed person’s family physician or designated follow-up physician so that an assessment can be made of the need for a full month of antiretroviral therapy.
- Refer to Appendix O, Counselling Guidelines for Antiretroviral Therapy Initiation

### Antiviral Medications

<table>
<thead>
<tr>
<th>Three Drug Regimen</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenofovir (VIREAD)</td>
<td>300mg once a day</td>
</tr>
<tr>
<td>Lamivudine (3TC)</td>
<td>150mg bid or 300mg once a day</td>
</tr>
<tr>
<td>Kaletra (lopinavir/ritonavir)</td>
<td>2 tablets bid</td>
</tr>
</tbody>
</table>

Refer to Appendices P, Q, R for Medication Information Sheets

### Pre-Treatment Laboratory Evaluation of the Exposed Person

- No laboratory evaluation except HIV testing is required prior to initiation of the antiretroviral therapy starter kit unless the exposed person is suspected of having significant haematological hepatic or renal disease.

**Persons continuing therapy after the starter kit should have the following laboratory evaluation:**

<table>
<thead>
<tr>
<th>Interval During Antiretroviral Therapy</th>
<th>Required Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>CBC and Diff, AST, ALT, Phosphorus, Creatinine, Urinalysis</td>
</tr>
<tr>
<td>Two weeks of therapy</td>
<td></td>
</tr>
<tr>
<td>Four Weeks of therapy</td>
<td></td>
</tr>
</tbody>
</table>
Availability of Antiretroviral Kits

Whitehorse

- Starter kits with a five day course of basic therapy (i.e. Tenofovir, Lamivudine, Kaletra) antiretrovirals are available at the WGH Emergency Department and at YCDC.

- To obtain the remainder of the 23 day antiretroviral therapy, arrangements should be made with YCDC by the designated follow-up physician. The medications will then be released to the client by YCDC.

Outside of Whitehorse

- Each Community Health Centre will have one starter kit (5 day).

- To obtain the remainder of the 23 day antiretroviral therapy, arrangements should be made with YCDC by the designated follow-up physician.

- The medications will then be sent to the community by YCDC.

- For kit replacement due to usage or drug expiry contact YCDC.

For guidelines regarding the ongoing management of those on a one month course of antiretroviral medication, health care providers can consult the BC Centre for Excellence in HIV/AIDS website:

HEPATITIS B EXPOSURE

HBV Exposure

- A risk for HBV transmission can occur in the following situations:
  - Any percutaneous, permucosal exposure (including bites), non-intact skin exposure i.e. wound/s, dermatitis.

- If indicated, hepatitis B immune globulin (HBlg) should be given as soon as possible and preferably within 48 hours following the exposure.

- If indicated, following a percutaneous exposure, HBlg should be received no later than 7 days following the exposure.

- If indicated, following a permucosal or sexual exposure, HBlg should be received no later than 14 days following the exposure.

- A person partially immunized in the past requires only the number of doses needed to complete the recommended series, regardless of the time elapsed since the previous dose.

- If the source is unknown or untested (eg. a needlestick from an abandoned needle in any community setting) offer hepatitis B vaccine (as per Table 4, pg. 21) but not HBlg.
### Table 4: Hepatitis B Post-Exposure Prophylaxis

<table>
<thead>
<tr>
<th>Vaccination history of exposed person</th>
<th>Test exposed person for: HBsAg, anti-HBc &amp; anti-HBs.</th>
<th>If source is known HBsAg positive or high risk or tests positive within 48 hours of exposure</th>
<th>If source is unknown or Low risk or Tests HBsAG negative within 48 hours of exposure</th>
<th>Post-exposure re-testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documented anti-HBs level (&gt;10 IU/L) on prior testing</td>
<td>Test for all three markers for medical-legal purposes</td>
<td>No action required.</td>
<td>No action required.</td>
<td>No action required.</td>
</tr>
<tr>
<td>Unvaccinated</td>
<td>Test for all 3 markers</td>
<td>Give Hepatitis B Immune Globulin (HBlg) and Hepatitis B vaccine series</td>
<td>Give Hep B vaccine series</td>
<td>Re-test for HBsAg at 3 months &amp; for all 3 markers at 6 months</td>
</tr>
<tr>
<td>Known non-responder to one Hep B series</td>
<td>Test for all 3 markers</td>
<td>Give 2nd Hep B vaccine series</td>
<td>Complete Hep B vaccine series</td>
<td>Re-test for HBsAg at 3 months &amp; for all 3 markers at 6 months</td>
</tr>
<tr>
<td>Received 1 dose of Hep B vaccine, anti-HBs status unknown</td>
<td>Test for all 3 markers</td>
<td>Give HBlg &amp; complete Hep B vaccine series</td>
<td>Complete Hep B vaccine series</td>
<td>Re-test for HBsAg at 3 months &amp; for all 3 markers at 6 months</td>
</tr>
<tr>
<td>Received 2 doses of a 3 dose Hep B series, anti-HBs status unknown</td>
<td>Test for all 3 markers. If anti-HBs is &lt;10 IU/L, then →</td>
<td>Give HBlg &amp; 3rd dose of Hep B vaccine. Repeat 3rd dose if given too early in series.</td>
<td>Give 1 dose of Hep B vaccine &amp; retest for anti-HBs in 4 wks; if &lt;10 IU/L repeat series.</td>
<td>Re-test for HBsAg at 3 months &amp; for all 3 markers at 6 months</td>
</tr>
<tr>
<td>Complete Hep B vaccination (2 or 3 dose series) and anti-HBs status unknown or anti-HBs &lt; 10 when tested &gt; 6 months post-series</td>
<td>Test for all 3 markers. If anti-HBs is ≥ 10 U/L, then →</td>
<td>Do not give HBlg. Complete Hep B vaccine series</td>
<td>Do not give HBlg. Complete Hep B vaccine series</td>
<td>No re-testing required.</td>
</tr>
<tr>
<td>Known non-responder after two courses of Hep B vaccine</td>
<td>Test for HBsAg &amp; anti-HBc. Do not test for anti-HBs.</td>
<td>Give HBlg only &amp; give another dose of HBlg in 1 mo.</td>
<td>No action required.</td>
<td>Re-test for HBsAg at 3 months &amp; for HBsAg &amp; anti-HBc at 6 months</td>
</tr>
</tbody>
</table>

- A non-responder to a series of Hepatitis B vaccine is someone who demonstrates an anti-HBs level of < 10 IU/L, when measured 1 to 6 months post-vaccination.
- Consensual adult sex with known Sex Trade Worker or IDU is not an indication for HBlg, nor is a community-acquired needlestick injury: the risk of transmission is low and the number needed to treat to prevent infection is extremely high. HBlg is indicated in the case of sexual assault or if one of the individuals is known to have acute or chronic Hepatitis B infection.
- HBlg dose for all clients ≥ 8.3kg is 0.06ml/kg. Give HBlg as soon as possible, preferably within 48 hours of the exposure. For a percutaneous exposure, HBlg may be given up to 7 days following the exposure. If the client presents > 7 days following a percutaneous exposure, give Hepatitis B vaccine only. For perimucosal or sexual exposures, HBlg may be given up to 14 days following the last exposure. If the client presents > 14 days following a perimucosal or sexual exposure, give Hepatitis B vaccine only.
- Hepatitis B vaccine schedule is 0, 1 and 6 months for post-exposure prophylaxis.
- A second series of Hepatitis B vaccine should be offered to non-responders.

Note: This table does not apply to post-exposure management of immunocompromised persons. This group requires consultation with a physician specializing in infectious diseases.
How to Access HBlg

Whitehorse

- With physician authorization, HBlg is requested and released from the WGH laboratory as required.
- Administration of HBlg can be done at the WGH ER.

Whitehorse General Hospital Laboratory
#5 Hospital Road
Whitehorse, YT Y1A 3H7
Telephone: (867) 393-8739
Fax: (867) 393-8772

Regular Hours:
Monday through Friday excluding Holidays 7:00am to 11:30 am and
12:30pm to 4:00pm

After Hours:
Please call Admitting and Discharge (867) 393-8700 and ask that the on-call
laboratory personnel be paged for the release of HBlg.

Communities Outside of Whitehorse

The following Community Health Centres each have a supply of HBlg:

Beaver Creek  Haines Junction  Old Crow  Watson Lake
Ross River  Dawson City  Mayo

These seven sites have been selected as being important locations for HBlg; due to close
proximity for other health centres to access and/or due to having unique barriers i.e.
geographic, which could make the administration of this therapeutic within 48 hours
challenging.

Arrangements for the timely administration of HBlg will be made on a case by case basis
via Yukon Communicable Disease Control or the Medical Officer of Health. Should HBlg
not be stocked in the community requesting it, arrangements will be made to have it
provided from the most feasible location.
HEPATITIS C EXPOSURE

While HCV is transmitted more efficiently by the parenteral route than HIV, it is transmitted by sexual contact much less efficiently than either HBV or HIV. Transmission probabilities for HCV are summarized in Appendix N, page 38.

At the present time, no immediate post-exposure treatment is recommended for HCV. However, the anti-HCV status of the exposed person should be determined to assess whether the person has been infected with HCV in the past.

Testing schedule for a person exposed to HCV:

1st Test
- If suspected exposure to HCV has occurred complete an anti-HCV base line test
  - If anti-HCV reactive
    - Complete an immediate follow-up test for HCV RNA PCR to look for active infection
  - If anti-HCV non reactive
    - 3 weeks after the initial anti-HCV testing, if source’s HCV status is positive or unknown, test for HCV RNA should be performed to look for active infection

2nd Test
- HCV RNA PCR performed
  - If HCV RNA PCR positive
    - Repeat PCR testing to confirm result
      - If HCV RNA positive; active infection confirmed, consult with a health care provider about monitoring and treatment options
      - If HCV RNA negative; active infection not confirmed
    - If either anti-HCV test is positive, active infection confirmed. Consult with a health care provider about monitoring and treatment options
  - If HCV RNA PCR negative
    - Repeat anti-HCV at:
      - 3 months
      - 6 months
      - If all anti-HCV tests are negative, transmission has not occurred and monitoring may cease

Follow up Testing
- If HCV RNA positive; active infection confirmed, consult with a health care provider about monitoring and treatment options
- If HCV RNA negative; active infection not confirmed
- If your baseline anti-HCV test is reactive, then you may have been infected in the past and a follow-up HCV RNA test can be performed to determine if you are actively infected (i.e., have the virus in your blood at the present time).
### Fluids and Tissues Capable of Transmitting Bloodborne Pathogens

<table>
<thead>
<tr>
<th>FLUID</th>
<th>HIV</th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and fluids visibly contaminated with blood</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Semen</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes *</td>
</tr>
<tr>
<td>Vaginal secretions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes *</td>
</tr>
<tr>
<td>Pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids and inflammatory exudates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Saliva</td>
<td>No, unless contaminated with blood</td>
<td>Yes</td>
<td>No, unless contaminated with blood</td>
</tr>
<tr>
<td>Transplanted tissue or organs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Breast milk</td>
<td>Yes</td>
<td>Plausible, particularly if nipples are cracked or bleeding or if the mother is HBeAg positive</td>
<td>Plausible, particularly if nipples are cracked or bleeding</td>
</tr>
<tr>
<td>Faeces Nasal secretions Sputum Sweat Tears Urine Vomitus</td>
<td>No, unless they contain visible blood.</td>
<td>No, unless they contain visible blood.</td>
<td>No, unless they contain visible blood.</td>
</tr>
</tbody>
</table>

*While HCV is transmitted more efficiently by the parenteral route than HIV, it is transmitted by sexual contact much less efficiently than either HBV or HIV. Transmission probabilities for HCV are summarized in Appendix N, page 38.*
## Risk Factors for Possible Transmission from the Source to the Exposed Person

<table>
<thead>
<tr>
<th>HIV</th>
<th>HBV</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>The source is a person who has ever had:</td>
<td>The source is a person who has ever had:</td>
<td>The source is a person who has ever had:</td>
</tr>
<tr>
<td>• injection drug use</td>
<td>• injection drug use and/or inhalational drug use</td>
<td>• injection drug use and/or inhalational drug use</td>
</tr>
<tr>
<td>• high-risk sexual behaviour (i.e., multiple sex partners, anal sex)</td>
<td>• high-risk sexual behaviour (i.e., multiple sex partners, anal sex)</td>
<td>• high-risk sexual behaviour (i.e., multiple sex partners, anal sex)</td>
</tr>
<tr>
<td>• a sexual partner who is an injection drug user (IDU), or who is HIV+</td>
<td>• a sexual partner who is an IDU, or who has acute or chronic HBV</td>
<td>• a sexual partner who is an IDU, or who is HCV+</td>
</tr>
<tr>
<td>• blood contact with a known case of HIV infection</td>
<td>• blood contact with a known case of HBV infection for which there was no provision of post-exposure prophylaxis</td>
<td>• blood contact with a known case of HCV infection</td>
</tr>
<tr>
<td>• emigration from a country where HIV is endemic</td>
<td>• emigration from a country where HBV is endemic</td>
<td></td>
</tr>
<tr>
<td>• a history of multiple transfusions of blood or blood products prior to Nov. 1985 OR a history of receipt of blood-derived coagulation products before July 1988</td>
<td>• a history of multiple transfusions of blood or blood products prior to Jan. 1972 OR a history of receipt of blood-derived coagulation products before January 1972</td>
<td>• a history of multiple transfusions of blood or blood products prior to May 1992 OR a history of receipt of blood-derived coagulation products before July 1988 or a history of receipt of IV immunoglobulin products prior to 1997</td>
</tr>
<tr>
<td>• a diagnosis of sexually transmitted disease(s)</td>
<td>• a diagnosis of sexually transmitted disease(s)</td>
<td></td>
</tr>
<tr>
<td>• tattoo, body piercing, electrolysis, acupuncture</td>
<td>• tattoo, body piercing, electrolysis, acupuncture</td>
<td>• tattoo, body piercing, electrolysis, acupuncture</td>
</tr>
<tr>
<td>• a history of dialysis</td>
<td>• a history of dialysis</td>
<td>• a history of dialysis</td>
</tr>
</tbody>
</table>

---

In Canada, testing of donated blood for anti-HIV began in November 1985; for HBsAg in January 1972; and for anti-HCV first generation in June 1990 and anti-HCV second generation in May 1992. All factor concentrates distributed in Canada were heat treated after July 1988. IV immunoglobulin products were either PCR tested for HCV or had solvent detergent virucidal treatment after 1997. High risk examples include snorting and sniffing of cocaine and smoking crack pipes.
## Window Periods

If the test result(s) is negative, the source person may be uninfected or may be in the window period for laboratory detection (i.e. the period of time between exposure and development of measurable antigen / antibodies (positive blood test).

The window period for HIV infection is most often 4 – 6 weeks. It is estimated that under the standard testing algorithm, approximately 95% of individuals will have detectable antibodies by 4 to 6 weeks, with >99% sero-converting by 3 months. Accordingly, 3 months is the recommended interval for HIV testing following a risk event or exposure.

The window period for HBV infection ranges from 4 weeks to 6 months.

For HCV infection, the window period ranges from 2 weeks to 6 months, but may be longer in immunocompromised patients. In order to detect infection earlier, HCV PCR is recommended at 3 weeks.
Post-Exposure HIV Antiretroviral Therapy in Children

The risk of children being infected with HIV from accidental needle stick injuries, biting, or sexual assault is very low. Antiretroviral agents should be considered for children where the exposure is likely to have resulted in a transfer of potentially infectious body fluid. In children this would most commonly occur from blood or semen from a person who is known to be HIV+ or could potentially be HIV+.

Antiretroviral therapy will vary for children. Immediately consult BC-CfE.

BC-CfE
Monday – Friday (0800 – 1700) Tel: (604) 806-8429
Afterhours and weekends Tel: (604) 341-1410

For timely intervention, Kaletra tablets should be used until Kaletra oral solution can be obtained. Kaletra oral solution will be provided as soon as possible as it is recommended by the manufacturer that the tablets not be split or crushed. Kaletra oral solution is stored only at Whitehorse General Hospital pharmacy.

Post-Exposure HIV Antiretroviral Therapy in Pregnant Women

For the post-exposure HIV antiretroviral therapy of pregnant women or women who may be pregnant, consult accordingly (BC-CfE Monday – Friday (800-1700) Tel: (604) 806-8429 Afterhours and weekends Tel: (604) 341-1410.

It should be explained to the exposed person that neither Kaletra nor Tenofovir has been used extensively in pregnancy. Zidovudine will be provided to replace Tenofovir as soon as possible, but if there has been a significant exposure, prophylaxis should be started with the existing kit. Tenofovir is a pregnancy category B drug and Kaletra is a pregnancy category C.
Considerations Pertaining to Breast Feeding

HIV:

The transmission of HIV through breastfeeding is highest for women who seroconvert while breastfeeding. Therefore, if the source is HIV positive, breastfeeding is not recommended. **Breastfeeding is also contraindicated if the mother is receiving antiretroviral medication.** If the HIV status of the source is unknown and high risk, breastfeeding should be temporarily discontinued. During this time, the mother may pump and freeze breast milk while awaiting source test results. If a source person has baseline HIV-negative test results and has no recent high risk behavior, then breastfeeding can be resumed and the frozen milk used. If a source person has baseline HIV-negative test results but has ongoing or recent high risk behavior, then further laboratory follow-up of the source will be required to determine if the source may have been infectious at the time of exposure. Breastfeeding can be resumed and the frozen milk used once results of this further testing indicate that the source was not infectious at the time of exposure.

HCV:

If a breast feeding mother is exposed to an anti-HCV+ source or a source at high risk for HCV, she should be counselled regarding the low risk nature of HCV transmission via breast milk, even in the setting of seroconversion. Therefore, the mother should be able to breast feed if she desires.

HBV:

If a breastfeeding mother is exposed to a HBV positive source or an unknown source immunize both the mother and her infant against hepatitis B, using both hepatitis B vaccine and HBIG (depending on the infant’s age and history of HBV immunization). The mother can then continue to breast-feed.
### Male and Female Sexual Assault HIV Risk/Post-Exposure Prophylaxis (PEP) (Women’s Assault Guideline – BC Women’s Hospital and Health Centre August 2012)

http://www.bcwomens.ca/Services/HealthServices/Sexual+Assault+Services/HealthProfessionals/decisionsupporttools.htm

#### A) Significant risk
- Risk may be indicated by what is known about the source or what is known about the setting in which the sexual assault took place:

<table>
<thead>
<tr>
<th>Source:</th>
<th>Type of Exposure:</th>
<th>Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known HIV positive source or Known high-risk source i.e. Injection drug user (IDU) or men who have sexual contact with men (MSM) and/or Known or potential multiple assailants</td>
<td>Non-consensual: Unknown exposure or Anal penetration or Vaginal penetration</td>
<td>HIV PEP: Tenofovir Lamivudine Kaletra Initiated within 72 hours after sexual assault</td>
</tr>
<tr>
<td>Setting: Sexual assault occurs in a setting considered high risk for HIV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B) Negligible Risk
- Source: Known to be negative or no reason to believe that the source is positive.
- Setting: Not considered high risk for HIV

<table>
<thead>
<tr>
<th>OR</th>
<th>Type of Exposure: No vaginal exposure and no anal exposure</th>
<th>Recommendation: Do not offer PEP to patients in this category Adequate patient counselling and education is needed to reduce anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral penetration only</td>
<td></td>
</tr>
</tbody>
</table>

#### C) Estimated risks of becoming infected with HIV
(Refer to Appendix N, Probability of Transmission of HIV, HBV and HCV)
### Serology Screening Requisition

**Section 1 - Patient Information and Physician Information**

<table>
<thead>
<tr>
<th>PERSONAL HEALTH NUMBER (or out of province Health Number and province)</th>
<th>DATE COLLECTED (DD/MM/YYYY)</th>
<th>TIME COLLECTED (H:M:S)</th>
<th>ORDERING PHYSICIAN (Provide MSCI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT SURNAME</td>
<td>GENDER</td>
<td></td>
<td>Whitehorse General Hospital</td>
</tr>
<tr>
<td>DOB (DD/MM/YYYY)</td>
<td></td>
<td></td>
<td># 5 Hospital Road</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
<td></td>
<td>Whitehorse, YT</td>
</tr>
<tr>
<td>CITY / TOWN</td>
<td></td>
<td></td>
<td>Y1A 3H7</td>
</tr>
<tr>
<td>POSTAL CODE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2 - Clinical Information**

- Asymptomatic
- Intuistic symptoms
- Respiratory symptoms
- STD symptoms
- STD symptoms
- Other, specify:
- Recent Travel (Date/Location)
- Onset Date (DD/MM/YYYY)
- History

**Section 3 - Test(s) Requested**

**HEPATITIS**

- Acute - undefined etiology
- Chronic - undefined etiology
- Hepatitis B Screen
- Specific Hepatitis Markers

**OTHER SEROLOGY**

- Measles IgG (Rubella)
- Mumps IgG
- Parvo B19 IgM
- Rubella IgG
- EBV IgG
- CMV IgG
- Varicella IgG
- HSV IgG
- Mycoplasma IgM

**OTHER TESTS**

**COMMENTS**

For more available tests and additional information, consult the Public Health Microbiology & Reference Laboratory's Guide to Programs and Services at: www.phsa.ca/bccdcpublhealthlab
## Appendix I: BCCDC PHSA Laboratory Virology Requisition

### PHSA Laboratories

Public Health Microbiology & Reference Laboratory  
1101 – 500 W. Broadway  
Vancouver, BC  V5Z 4A6  
www.phsa.ca/health/publichealthlab

---

### Section 1 - Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL HEALTH NUMBER</td>
<td>Private Health Number</td>
</tr>
<tr>
<td>PATIENT SURNAME</td>
<td></td>
</tr>
<tr>
<td>PATIENT FIRST AND MIDDLE NAME</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>POSTAL CODE</td>
<td></td>
</tr>
</tbody>
</table>

---

### Section 2 - Healthcare Provider Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDERING PHYSICIAN</td>
<td></td>
</tr>
<tr>
<td>CLINIC OR HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>ADDITIONAL COPIES TO</td>
<td></td>
</tr>
<tr>
<td>SAMPLE REF. NO.</td>
<td></td>
</tr>
<tr>
<td>DATE COLLECTED</td>
<td></td>
</tr>
<tr>
<td>TIME COLLECTED</td>
<td></td>
</tr>
</tbody>
</table>

---

### Section 3 - Test(s) Requested

#### RESPIRATORY VIRUSES

<table>
<thead>
<tr>
<th>Test</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RSV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### HERPES VIRUSES

- Genital lesion for HSV
- Non-genital lesion for HSV
- Skin swab for Varicella Zoster
- Other, specify: ________________
- Urine for: ________________
  - Cytomegalovirus

#### ENCEPHALITIS / MENINGITIS

- Cerebrospinal Fluid for:
  - Encephalitis (e.g. HSV, West Nile Virus)
  - Meningitis (HSV-2, Enterovirus)
  - Other, specify: ________________

#### MUMPS VIRUSES

- Buccal swab
- Urine

---

For information on sample collection, please call Virus Isolation Lab at (604) 707-2023

---

Form DCV1-100-0001F Version 1.0.08/2009
### Blood & Body Fluid Exposure Form

Information is collected under the authority of the Health Act and the Public Health Act for purposes of providing health services and public health services. Queries should be directed to the Manager of Yukon Communicable Disease Control, at (867) 667-8323 or toll free at 1-800-661-0507 ext 8323.

#### A. Exposed Person (recipient of exposure) Information

<table>
<thead>
<tr>
<th>Name</th>
<th>D.O.B.</th>
<th>Age</th>
<th>Gender</th>
<th>M</th>
<th>F</th>
<th>Date Form Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City/town</th>
<th>Province</th>
<th>Postal code</th>
<th>YHIS #</th>
<th>Contact phone #</th>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. History of exposure

<table>
<thead>
<tr>
<th>Date of exposure</th>
<th>Time of exposure</th>
<th>Location of exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Type of exposure (check all that apply)

- [ ] needlestick (specify type & gauge)
- [ ] cut by sharp object (type of instrument) specify Instrument
- [ ] Bite - breaks the skin
- [ ] Contact with exposed mucous membranes (specify)
- [ ] Contact with exposed non-intact skin (specify)
- [ ] (wound < 3 days)
- [ ] cut skin
- [ ] chapped/abraded skin

<table>
<thead>
<tr>
<th>Body site</th>
<th>gloves worn</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### D. History of immunization & serostatus of exposed person

<table>
<thead>
<tr>
<th>Immunization History</th>
<th>UNK</th>
<th>N</th>
<th>Y</th>
<th>Date</th>
<th>HBsAg</th>
<th>Anti-HBc</th>
<th>Anti-HBs</th>
<th>Anti-HCV</th>
<th>Anti-HIV 1&amp;2</th>
<th>Date of last test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rec'd Hep B vaccination - dose 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rec'd Hep B vaccination - dose 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rec'd Hep B vaccination - dose 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus vaccination (date of last immunization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### E. Information on source person: risk factors and serostatus

<table>
<thead>
<tr>
<th>Name</th>
<th>D.O.B.</th>
<th>Age</th>
<th>Gender</th>
<th>M</th>
<th>F</th>
<th>YHIS #</th>
<th>Status</th>
<th>Date of last blood test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of circumstances surrounding the exposure (as provided by exposed person)

Examination of exposed person

Findings related to the exposure including assessment of injuries (e.g. depth/type of injury)
**Blood and Body Fluid Exposure Management**

Yukon Communicable Disease Control

4 Hospital Rd., Whitehorse, YT. Y1A 3H8

Phone: 667-8323 Fax: 667-8349

April 2013

---

**F. Blood work testing of exposed & source person**

(When required mark **stat** on requisition and notify WGH Lab)

<table>
<thead>
<tr>
<th>EXPOSED recommended blood tests</th>
<th>Baseline:</th>
<th>Wk Date:</th>
<th>Wk Date:</th>
<th>Wk Date:</th>
<th>Wk Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td>DUE</td>
<td>DUE</td>
<td>DUE</td>
<td>DUE</td>
<td>DUE</td>
</tr>
<tr>
<td>Anti-HBc</td>
<td>DONE</td>
<td>DONE</td>
<td>DONE</td>
<td>DONE</td>
<td>DONE</td>
</tr>
<tr>
<td>Anti-HBs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HIV &amp;2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-HCV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV PCR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baseline Results: Results: Results: Results: Results: Results:

Indicate reason for testing on req.

(Perform 3 weeks post-exposure when source is high risk)

**SOURCE blood tests**

<table>
<thead>
<tr>
<th>Blood tests</th>
<th>Date Drawn</th>
<th>Results</th>
<th>Lab results to be sent to:</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td></td>
<td></td>
<td>Source person's follow-up Health Care Provider:</td>
<td></td>
</tr>
<tr>
<td>Anti-HBc</td>
<td></td>
<td></td>
<td>Yukon Communicable Disease Control</td>
<td></td>
</tr>
<tr>
<td>Anti-HBs</td>
<td></td>
<td></td>
<td>Exposed person's Follow-up to Health Care Provider:</td>
<td></td>
</tr>
<tr>
<td>Anti-HCV</td>
<td></td>
<td></td>
<td>Yukon Communicable Disease Control</td>
<td></td>
</tr>
<tr>
<td>Anti-HIV &amp;2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**G. Counseling**

Exposed person has been counseled as outlined in Yukon Blood & Body fluid Exposure Guidelines

- [ ] yes
- [ ] no (specify reason)

**H. Recommendations for management of exposed person**

Recommendations

- [ ] Hep B vaccine (HBV) Dose#______
- [ ] Hep B immune globulin (HBIG)
- [ ] HIV post-exposure Prophylaxis (5 day starter kit)
- [ ] Tetanus Immunization

Consult with: BCCfE MOH YCDC Other

**I. Post-exposure prophylaxis of exposed person**

- [ ] Hep B vaccine (HBV) Dose#______
- [ ] Hep B immune globulin (HBIG)
- [ ] HIV post-exposure Prophylaxis (5 day starter kit)
- [ ] Tetanus Immunization

**J. Follow-up Plan:**

Designated Follow-up Health Care Provider: (CLINIC)

Phone #

FAX #

The following will be required by Follow-up Health Care Provider:

- [ ] Further post exposure counseling (specify) - [ ] Hep B vaccine (HBV) Dose#______
- Hepatitis B Vaccine (HBV) - further doses of HBV
  - to complete 3 dose series (0,1, 6 months) (Refer to YCDC, WHC, CHC)
- [ ] HIV 5 day starter kit has been provided. Client must be assessed within 3 days. Determine need for remainder of one months supply of antiretroviral. Consult YCDC, MOH & BC Centre for Excellence HIV/AIDS.
- Follow-up blood work as per BBF exposure guidelines.
- - Baseline Lab results will be sent to you
- - Please follow-up with the client for results.

Other: 

Send a copy to follow-up Health Care Provider, if YCDC is involved also fax a copy to (867) 667-8349, original to stay in Chart

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**Appendix J: Blood and Body Fluid Exposure Form**
Exposed Person’s Follow up Plan for Post Exposure to Blood & Body Fluids

---

**Date**

Name: ___________________________ Date of Birth: ____________ Location of Health Care facility: ___________________________

on __-__-__ following an exposure to blood or body fluids.

Initial assessment was done by ______________ The date of exposure was ____________

---

You received the following post-exposure treatment:

- [ ] Wound cleaning
- [ ] Tetanus Immunization
- [ ] Hepatitis B Vaccine
- [ ] Hepatitis B immune globulin (HBIG)
- [ ] Initial counseling for blood and body fluid exposure
- [ ] Other (specify) ______________

---

You have had baseline Blood tests for:  

- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] HIV

Your follow up Health Care Provider is: ________________________________ Location of Health Care Facility: ____________________________ Phone Number: ________________________________

It is recommended that you have the following follow up: (Check all that may apply).

---

Follow up is recommended for: ____________________________ Location for follow-up: ____________________________ Date: __________

- [ ] Further doses of Hepatitis B vaccine
- [ ] Hepatitis B Immune Globulin (HBIG)

You have been started on HIV antiretroviral medications. You must see your follow up Health Care Provider within 3 days to determine if you should continue taking the medication for a remaining 23 days.

- [ ] Results of baseline blood tests.
- [ ] Follow up blood work
- [ ] Other (specify) ______________

---

For information related to exposure of blood and body fluids and disease specific information please visit http://www.healthlinkbc.ca/healthfiles/hfile97.stm

If you have any questions or concerns please contact your follow up Health Care Provider or YCDC at #4 Hospital Road Whitehorse, YT Y1A 3H8 Tel: (867) 667-8323
Blood and Body Fluid Exposure Counselling Guidelines

Initial counselling should be done in the Emergency Department or other health facility where post-exposure management is provided. More detailed counselling should be done by the follow-up health care provider.

**Risk of transmission to the exposed person:**

- The risk of infection after exposure to infected blood or body fluid varies by bloodborne pathogen.

Refer to Appendix N, Probability of Transmission of HIV, HBV and HCV

If the source is not known to be HIV positive, the risk of transmission drops dramatically and frequently the risk of prophylaxis (side effects) exceeds the risk of infection.

Evidence shows that antiretroviral therapy can reduce the risk of transmission of HIV by 86%.

The risk will vary somewhat depending on the body site of the exposure, the type of exposure, and the source. In the instance of HIV transmission through percutaneous injury, increased risk is associated with the following factors: greater depth of the injury, greater volume of blood injected, visible blood on the device and/or the device previously in a source’s artery or vein, and larger gauge of needle (larger bore needles present greater risk because of the larger volume of blood exposure). Exposures from sources with a high viral load of HIV, HBV, or HCV (i.e. seroconversion in the acute phase of these viral infections, or in late stage AIDS) are also associated with a greater risk of transmission.

The risks and benefits of post-exposure immunoprophylaxis or treatment should be discussed and appropriate measures recommended to the exposed person.
Reducing Transmission to Others

Exposed persons will be anxious and upset when initially assessed. They may not remember all the information provided in initial counselling. It is therefore important that there is repeated and more detailed counselling.

Physicians inexperienced in counselling of this nature should contact YCDC and enquire about counselling resources. Information pamphlets or BC Health Files may be helpful in providing information that the exposed person can review at home:

http://www.healthlinkbc.ca/healthfiles/hfile97.stm

If it was a significant exposure and the exposed person requires follow-up testing beyond the baseline testing, the exposed person should be told that it may not be possible to determine for at least 6 months whether infection has occurred. If infection has occurred, the exposed person then is capable of transmitting infection to others. While waiting for 6 month follow-up testing to determine if seroconversion to exposed antigens has occurred, the exposed person should be advised to take the following precautions to prevent potential transmission of pathogens to others:

- Abstain from sexual intercourse (vaginal, oral or rectal) or use a latex condom with a water-based lubricant for all acts of sexual intercourse.
- Do not donate blood, plasma, organs, breast milk, tissue or sperm.
- Do not share toothbrushes, dental floss, razors, needles or other implements that may be contaminated with blood/body fluids.
- Cover open cuts/lesions until healed.
- Put articles with blood on them (i.e. bandages, tampons, pads, tissues, dental floss) in a separate plastic bag before disposing into household garbage. Dispose of bloody sharp items (razors, needles, etc) into a hard-sided container, taped shut. Dispose in regular garbage; do not place in container for recycling.
- To clean up blood spills, wet surfaces with 1 part bleach to 9 parts water and leave sitting for 10 minutes before wiping off.
- Avoid sharing needles, drug snorting equipment, etc.
- Defer a planned pregnancy; but if you become pregnant, discuss with Family Physician.
### PROBABILITY OF TRANSMISSION OF HIV, HBV and HCV

#### Table 1: Probability of Transmission HIV

<table>
<thead>
<tr>
<th>Exposure (positive source)</th>
<th>Probability of transmission per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood transfusions (single unit of whole blood)</td>
<td>90% (Donegan, 1990)</td>
</tr>
<tr>
<td>Intravenous needle or syringe exposure</td>
<td>0.67% (Kaplan, 1992) [1/150]</td>
</tr>
<tr>
<td>Injection drug use – needle sharing</td>
<td>0.67% (Kaplan, 1995) [1/150]</td>
</tr>
<tr>
<td>Needlestick</td>
<td>0.3% (95% CI = 0.2 to 0.5%) (Bell, 1997; Cardo, 1997) [1/333]</td>
</tr>
<tr>
<td>There have been no reported instances of transmission of HIV from improperly discarded needles outside of the health care setting in either the USA or UK (MG Fowler, CDC, June 15, 2002 cited in Havens, 2003; Robertson, 2001). Another study found no seroconversions in 274 community needlestick injuries in pediatrics indicating that the risk of transmission in these events are very low (Papenburg, 2008).</td>
<td></td>
</tr>
<tr>
<td>Receptive anal intercourse</td>
<td>1 to 30% (CDC, 2005; Powers, 2008; Boily, 2009) [1/100 – 1/3]</td>
</tr>
<tr>
<td>Insertive anal intercourse</td>
<td>0.1 to 10% (CDC, 2005; Powers, 2008; Boily, 2009) [1/1000 – 1/10]</td>
</tr>
<tr>
<td>Receptive vaginal exposure</td>
<td>0.1 to 10% (CDC, 2005; Powers, 2008; Boily, 2009) [1/1000 – 1/10]</td>
</tr>
<tr>
<td>Receptive oral exposure</td>
<td>0.04% (Vittinghoff, 1999; PHAC, 2004) [1/2500]</td>
</tr>
<tr>
<td>Mucous membrane exposure to blood or bodily fluids contaminated with blood</td>
<td>0.09% [95% CI, 0.006 to 0.5] (Ippolito, 1993; PHAC, 2004) 0.1% (ANCAHRD, 2001) [1/1000].</td>
</tr>
<tr>
<td>Human Milk Exposure (single)</td>
<td>0.001% - 0.004% (Havens, 2003) [1/100,000 – 1/25,000]</td>
</tr>
</tbody>
</table>

#### Table 2: Probability of HBV Transmission

<table>
<thead>
<tr>
<th>Exposure (positive source)</th>
<th>Per episode probability of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual exposure</td>
<td>not quantified; however, receptive anal intercourse &gt; insertive anal intercourse &gt; vaginal intercourse &gt; oral-anal contact</td>
</tr>
<tr>
<td></td>
<td>oral-genital and oral-oral contact do not appear to be significant modes of transmission</td>
</tr>
<tr>
<td></td>
<td>estimated to be transmitted 8.6 fold more efficiently than HIV</td>
</tr>
<tr>
<td></td>
<td>increased risk of transmission if source more infectious (i.e., higher HBV DNA &amp;/or HBeAg positive)</td>
</tr>
<tr>
<td>Needlestick: Source:</td>
<td>37-62% (Mast, 1993)</td>
</tr>
<tr>
<td>HBsAg positive &amp; HBeAg positive</td>
<td></td>
</tr>
<tr>
<td>Needlestick: Source:</td>
<td>23-27%</td>
</tr>
<tr>
<td>HBsAg positive &amp; HBeAg negative</td>
<td></td>
</tr>
</tbody>
</table>

#### Table 3: Probability of HCV Transmission

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Per episode probability of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual exposure</td>
<td>Not quantified; however:</td>
</tr>
<tr>
<td></td>
<td>- long-term discordant monogamous partnerships are at lower risk of acquisition (0 to 0.6% per year) as compared to persons with multiple partners or those at risk for sexually transmitted diseases (0.4 to 1.8% per year)</td>
</tr>
<tr>
<td></td>
<td>- risk of transmission increased if source HCV co-infected</td>
</tr>
<tr>
<td>Needlestick</td>
<td>1.8% (range 0 to 7%) (Alter, 1997; Lanphear, 1994; Puro, 1995; Mitsui, 1992)</td>
</tr>
</tbody>
</table>
Counseling Guidelines for HIV Antiretroviral Therapy

Some persons may be reluctant to take antiretroviral therapy after a seemingly minor event.

Explain that:

- If HIV transmission occurs, it may lead to AIDS, which a chronic disease that may be fatal. Drug therapy taken soon after exposure may prevent infection.
- Evidence shows that antiretroviral therapy can reduce the risk of transmission of HIV by 86%.
- Three drugs are used to provide increased protection and to overcome the risk of the source virus being resistant to one drug.
- Antiretroviral drugs taken for one month are considered to have few long-term side effects despite significant morbidity in the short term, and rare mortality.

Potential Adverse Effects

Potential Adverse Effects of one Month of Antiretroviral Therapy. These estimates are based on the experience of the Centre in the use of HIV prophylaxis and also used in the treatment of HIV infection. In most cases, the estimates are based on the use of two drugs and the adverse effects of three drugs may be higher.

- Minor adverse reactions, i.e. nausea, fatigue, etc. (70% of patients).
- Serious reactions, i.e. unable to work for the month of therapy (30-60% of patients). This risk is probably lower with newer drugs.
- Long term adverse effects (poorly defined) 1:5,000.
- Risk of death is unknown but we would estimate that the risk of dying is 1:15,000 to 1:150,000. With three drugs without good follow-up, it may actually be higher.
- With the exception of the minor adverse reactions, these risks are not based on solid data and are provided only to guide physicians and exposed persons with crude estimate of the hazards.

Why am I being asked to take these medications?

- Three drugs are being used: Tenofovir, Lamivudine and Kaletra. These drugs are commonly used together to treat patients infected with HIV. Using three drugs together has been found to be superior to using one or two drugs. It is assumed that using three drugs in accidental exposures will improve their effectiveness and avoid infection with virus resistance to one drug. However this is not proven as it is impossible to test this assumption.
Possible Side Effects and Contraindications of Antiretrovirals

- **Tenofovir**: is well tolerated and side effects are mild. They may include nausea, diarrhea and gas. Rarely, patients have had liver or kidney changes when taking Tenofovir and appropriate lab testing should be done.

- **Lamivudine (3TC)**: Is usually well tolerated in short term therapy and side effects are rare. Reversible decrease white blood cell count is the commonest side effect. Tingling of the hands and feet (peripheral neuropathy) is very unlikely to occur with one month of treatment.

- **Kaletra**: Side effects include diarrhea, nausea, vomiting and abdominal pain. Occasionally there will be changes in liver function tests. Kaletra may interact with a wide number of medications.

Contact your Health Care Provider before taking any other type of medication or herbal remedies.

**Instructions for Taking Antiretroviral Drugs**

- **Tenofovir**: one tablet (300mg) once a day for 28 days

- **Lamivudine (3TC)**: one tablet (150mg) twice a day or (300mg) once a day for 28 days

- **Kaletra**: two tablets twice a day with meals for 28 days

Taking all three drugs with food may reduce stomach upset.

The 5 day starter kit is intended to provide 5 days of therapy while a more detailed assessment of the risk of transmission can occur. The exposed person should see their follow up health care provider as soon as possible (within 3 days) after the initiation of the starter kit to determine the need for a full 28 days of therapy.
Lopinavir/Ritonavir Tablet (Kaletra)

What is Kaletra®?

- A combination of two protease inhibitors: lopinavir and ritonavir
- Inhibits the replication of the HIV virus in combination with other antiretroviral agents (ARV)
- Available as a film-coated tablet containing 200 mg of lopinavir and 50 mg of ritonavir.

Why am I taking this combination of two protease inhibitors?

- When lopinavir is combined with ritonavir, ritonavir will prevent the breakdown of lopinavir and increase its effect. This allows the medication to be taken twice daily.

How do I take the tablet?

- Usual adult dose is 2 or 3 tablets twice daily. Take only as prescribed by your physician
- The medication can be taken with or without food. The tablets may be taken with food to minimize stomach upset.
- Kaletra tablets should be swallowed whole, not split, crushed or chewed.
- Alcohol is not recommended in the first 4 weeks of therapy and should be used with caution thereafter.

Take Kaletra® every day as prescribed as missing doses can lead to the development of drug resistance. If you miss a dose, take it as soon as you remember. If it is close to your next scheduled dose, skip the missed dose and take your next dose at the usual time. Do not take two doses at the same time. Missed doses (especially if just one drug in the combination) may lead to the virus becoming resistant to all the antiretroviral drugs that you are taking, reducing or eliminating the effect of them against the virus.
What should I expect?

- Side effects may include nausea, vomiting, diarrhea, loss of appetite, abdominal pain, headaches, dry mouth, and rash. These effects usually diminish with the first month of treatment. Contact your physician or pharmacist if any side effects occur and remain persistent.
- Redistribution or accumulation of body fat, blood cholesterol changes and/or diabetes may occur in patients receiving antiretroviral therapy. The cause and long-term health effects of these conditions are unknown at this time.

WARNING:
Protease inhibitors not only interact with each other, but they also can interact with many other medications (i.e. Some anti-histamines, benzodiazepines, anti-tuberculosis medications, analgesics, heart/blood pressure medications, anti-depressants), resulting in potentially serious and/or life threatening complications. Always check with the pharmacist or your physician before starting any new therapies to ensure the safety of the combination.

How do I store it?

Kaletra® film-coated tablets should be stored at room temperature (between 15 & 25 degrees C). Store all medications out of the reach of children.

Labwork to be done: Contact your Health Care Provider

If you have Questions please call:
Yukon Communicable Disease Control (YCDC)
#4 Hospital Rd
(867) 667-8323 or 1-800-661-0408 extension 8323
or Your Follow-up Health Care Provider

Adapted from BC Centre for Excellence HIV/AIDS (June 2008)
Lamivudine (3TC)

What is Lamivudine?

- A nucleoside analogue reverse transcriptase inhibitor used to inhibit the replication of the HIV virus in combination with other antiretroviral agents (ARV)
- Available as 150mg tablets, 300 mg tablets and a 10 mg/mL oral solution

How do I take it?

- The usual adult dose is 150 mg twice daily or 300 mg once daily.
- Can be taken with or without food.
- Alcohol is not recommended in the first 4 weeks of therapy and should be used with caution thereafter.

Take lamivudine every day as prescribed as missing doses can lead to the development of drug resistance. If you miss a dose, take it as soon as you remember. If it is close to your next scheduled dose, skip the missed dose and take your next dose at the usual time. Do not take two doses at the same time.

What should I expect?

- Usually well tolerated. Most common side effects are mild nausea, headache and fatigue.
- Serious side effects that have occurred in a small number of patients include allergic reaction, pancreatitis, and elevated liver enzymes.
- Contact your doctor IMMEDIATELY, if you experience severe abdominal pain with nausea and vomiting; these may be symptoms of an inflamed pancreas
- Inform your doctor, if you notice loss of appetite, unusual weight loss, unusual tiredness, weakness or stomach pain
- Redistribution or accumulation of body fat, blood fat changes and/or diabetes may occur in patients receiving antiretroviral therapy. Your doctor or pharmacist can provide you with further information on this topic.

How do I store it?

Lamivudine should be stored in a cool, dry place at room temperature (15-30 degrees C) and out of the reach of children.

Labwork to be done: Contact your Health Care Provider

If you have Questions please call:
Yukon Communicable Disease Control (YCDC)
#4 Hospital Road
(867) 667-8323 or 1-800-661-0408 extension 8323
or Your Follow-up Health Care Provider

Adapted from BC Centre for Excellence HIV/AIDS (June 2008)
Tenofovir (VIREAD)

What is Tenofovir?
- A nucleotide analogue used to inhibit the replication of the HIV virus in combination with other antiretroviral agents (ARV)
- Available as a 300 mg tablet

How do I take it?
- The usual adult dose is 300 mg (1 tablet) once daily.
- Can be taken with or without food.
- Alcohol is not recommended in the first 4 weeks of therapy and should be used with caution thereafter.

DO NOT SKIP DOSES! Missing doses can lead to the development of drug resistance and make the virus more difficult to treat. If you miss a dose, take it as soon as you remember. If it is close to your next scheduled dose, skip the missed dose and take your next dose at the usual time. Do not take two doses at the same time.

What should I expect?
- Nausea, vomiting, diarrhea and gas may occur
- Rarely kidney problems may occur. Certain people (i.e. people with diabetes or high blood pressure, elderly) may be at increased risk for developing this problem.
- Inform your doctor, if you notice loss of appetite, unusual weight loss, unusual tiredness or weakness or stomach pain
- Redistribution or accumulation of body fat, blood fat changes and/or diabetes may occur in patients receiving antiretroviral therapy. Your doctor or pharmacist can provide you with further information on this topic.

How do I store it?
Tenofovir should be stored in a cool, dry place at room temperature (15-30 degrees C) out of the reach of children.

Labwork to be done: Contact your Health Care Provider

If you have Questions please call:
Yukon Communicable Disease Control (YCDC)
#4 Hospital Road
(867) 667-8323 or 1-800-661-0408 extension 8323
or Your Follow-up Health Care Provider

Adapted from BC Centre for Excellence HIV/AIDS (June 2008)

Appendix R: Tenofovir (VIREAD)