

Occupational Health Service UEA Medical Centre & Travel Health Advisory Service

This information is written specifically for healthcare students intending to travel overseas for elective study services. It is especially important to have access to/or take a PEP pack (post exposure prophylaxis pack) if the elective is in a country where HIV prevalence is greater than 1% and the elective involves surgery, obstetrics or trauma care.

****You have been supplied with a prescription for HIV PEP – it is your responsibility to acquire it. Do not leave this to the last minute – it can take one/two weeks to obtain from UEA Boots Pharmacy****

You can find out the HIV prevalence for most countries on the AVERT website www.avert.org/aids-statistics.htm

Questions that you need to answer

- Will any work during my elective put me at significant risk of contamination with blood borne viruses? What is the prevalence of HIV in the local/hospital population? If high, is the local population being treated with anti-HIV treatments?
- What is the local process for handling significant exposures/contamination injuries?
- Is anti-retroviral medication available locally within the hospital/health care centre where you are working? If so, which ones, how quickly can they be accessed and cost?
- Who will manage/advise you in the event of a contamination injury? Contact your local supervisor (although you may not get a response!)
- Consider insurance to cover repatriation in event of significant injury requiring PEP

Prevention:

The most effective approach is to avoid putting yourself at risk;

- Use good infection control procedures at all times
- Consider taking medical gloves and wear them if there is any possibility of contamination with body fluids
- If available, wear goggles during high risk procedures
- Consider action to be taken in the event of an injury
- Dispose of needles safely

Assessing risks:

Low risk - the risk of acquiring HIV from occupational exposure is low;

- Inoculation/needlestick injury 3:1000
- Splash onto mucus membrane 1:1000
- Risk from contact with urine/vomit/saliva/faeces, onto intact skin is negligible

High risks include;

- Deep injuries
- Visible blood on the device which caused the injury
- Injury with a needle which has been placed into the artery or vein of the source patient
- The source patient is likely to be HIV positive or terminally ill with HIV related illness

Immediate action following exposure:

- Wash any wound liberally with soap and clean water
- Antiseptics and skin washes should not be used
- Irrigate exposed mucus membrane copiously with clean water
- Report the injury to the doctor in charge, whose responsibility it is to access the source patient

Reviewed/updated: Nov17 MG

Based on guidelines from British Association for Sexual Health & HIV www.bashh.org and Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/203139/HIV_post-exposure_prophylaxis.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351633/Change_to_recommended_regimen_for_PEP_starter_pack_final.pdf

Information that can help establish the patients HIV status

- Recent HIV test
- History of HIV associated illness
- Member of an established high risk group (sex worker, IV drug user, promiscuous sexual habits)
- Sexual partner with HIV disease or diagnosis
- Child/parent with HIV disease or diagnosis
- If the HIV status is unknown, the responsible doctor should approach the source patient and ask for informed agreement for HIV testing
- A negative antibody test does not exclude infection acquired within the previous 3 months

Post exposure prophylaxis (PEP)

- PEP should be ideally started within 1 hour of the injury, and certainly within 72 hours
- If there is a delay in obtaining information about the HIV status of the source patient, PEP should be started and can be stopped if subsequent information applies a very low risk of HIV

PEP Pack:

- You should read and sign the consent form on the PEP information leaflet before starting treatment
- Complete the high risk exposure report form
- Inform the occupational health department at UEA - ums.occupational.health@uea.ac.uk
- Make arrangements to return to the UK as soon as possible
- The medications consist of Truvada (1 tablet, daily) and Raltegravir (1 tablet, twice a day)
- These tablets should be taken together
- Starter pack is for 7 days
- The medication should continue for 28 days
- There are no food restrictions
- The PEP pack can be stored at room temperature.

Action on return to the UK:

- You must consult with your own GP and present the letter enclosed in the pack to the GP.
- You must ensure you are referred to the local HIV specialist who will arrange for you to have further medication to complete the 28 day prevention course
- You should send a copy of the high risk exposure report form to Occupational Health, UEA Medical Centre
- You should make an Occupational Health appointment as soon as you return to Norwich
- Until you have been fully checked, you should take action to minimise the possibility of transmission to others should you be infected
- This includes avoiding the donation of blood, and if you are sexually active, using safer sex procedures and using a condom

Drug information:

- Truvada (Tenofovir 245mg + Emtricitabine 200mg)
- Raltegravir 400mg
- These drugs are licensed only for the treatment of established HIV disease, but HIV experts and the UK Department of Health recommend their use for post exposure prophylaxis where there is a definite risk of infection
- These drugs are expected to reduce the risk of HIV transmission by more than 80%
- You are advised to familiarise yourself with the medications, side effects and contra-indications
- www.truvada.com
- www.isentress.com

Side effects:

Unpleasant side effects occur in up to 75% of people taking PEP. These symptoms can be controlled with non-prescription medications;

- Paracetamol for headaches
- Domperidone for nausea or vomiting
- Loperamide and a high fluid intake for diarrhoea

Common side effects include;

- Gastrointestinal (nausea, diarrhoea)
- Headache, fatigue, insomnia
- Skin rash

Serious side effects are rare, but they include;

- Anaemia
- Neutropenia
- Pancreatitis
- New onset diabetes
- It is not known if there are carcinogenic or teratogenic effects

Drug interactions

- All of the drugs and the HIV PEP pack share metabolic pathways with other drugs. If you are taking any other medications you should seek urgent medical advice on whether interaction is likely to have any significant effects
- Further information can be found on www.hiv-druginteractions.org

Contra-indications

- The drug should not be used without consulting a doctor if you suffer from;
 - Liver disease
 - Epilepsy
 - Impaired renal function
 - Heart arrhythmias
 - If you are taking anti-psychotic or immunosuppressant drugs
- OR you are or may be pregnant
- The risk of use in pregnancy is unknown, but anti-retroviral drugs have been used in pregnant women without apparent ill effects on the foetus

Storage and transport

- Avoid extremes of heat and store away from direct sunlight
- Store securely as the risk of the medications being stolen can be significant
- Take a copy of the prescription as evidence that the tablets are legally prescribed medications

Consider other, non occupational, high risk exposure

- Receptive vaginal intercourse 1:500
- Receptive anal intercourse 1:30
- Consider carefully the risks of unprotected intercourse and the use of condoms

**WITH CAREFUL PLANNING AND PREPARATION YOU SHOULD BE ABLE TO
MINIMISE RISKS AND ENJOY YOUR ELECTIVE**

Elective High Risk Exposure Report

****Return this form to Occupational Health, University Medical Centre, UEA, Norwich NR4 7TJ****

1. STUDENTS DETAILS

Surname: _____ **First name:** _____ **DOB:** _____
Current location – means of contact (if remaining in host country)

Clinic/hospital: _____ Tel 1: _____

Address: _____ Tel 2: _____

_____ Fax: _____

Country: _____ Email: _____

Nearest international airport: _____ Name of host Dr: _____

2. INCIDENT DETAILS

a) Date: _____ **Local time** _____ **GMT time** _____

b) Type of exposure: • Inoculation • Mucosal splash • splash-broken skin • *other

c) Material: • Blood • Blood-stained fluid • CSF/*other body fluid • *other

d) Device: • Hypodermic • IV cannula • Surgical sharp • *other

e) Volume: • Minimal • Syringe content (mls) • Splash (estimated volume – mls)

f) Initial first aid (details)

*Any other details _____

3. SOURCE (PATIENT) DETAILS

a) Initials: _____ **Gender:** _____ **DOB:** _____ **Ref No:** _____

Ward: _____ **Responsible Clinician:** _____

b) Current diagnosis: **1** _____ **2** _____

c) HIV test status: • Positive • Awaiting test result • *Presumed +ive • *Other

d) Disease status: • Asymptomatic • *Symptomatic • AIDS • *Terminal illness

e) Other disease: • Hepatitis B • Hepatitis C • *Other

f) Treatment: Has the Source been treated with anti-virals? • No • *Yes (if yes, which & when?)

*Any other details _____

4. YOUR TREATMENT DETAILS

a) Have you begun PEP treatment? • No • *Yes If **yes**, how long after the incident did you start? _____ hrs

b) Are you getting any side effects? • No • *Yes ***Details:** _____

c) Where in the UK have you had your follow up & continuing treatment? _____

Hospital: _____

Consultant: _____ Telephone No: _____

STUDENT SIGNATURE: _____ **DATE:** _____

****Return this form to Occupational Health, University Medical Centre, UEA, Norwich NR4 7TJ****



OCCUPATIONAL HEALTH SERVICE

University of East Anglia, Norwich

Norfolk, NR4 7TJ

Appointments: 01603 592174 / Fax: 01603 506579 / Email: ums.oh@nhs.net

Occupational Health Physicians

Dr M Green

Dr C Shephard

Dr B Cant

Occupational Health Advisors

Jerry Gyde

Rachel Doktor

Business Manager

Christina Fielding

March 2018

Dear Doctor

Your patient works with blood in a health care setting and while travelling abroad they have had a significant exposure to HIV.

They have started HIV post exposure treatment consisting of;

Truvada (Tenofovir 245mg + Emtricitabine 200mg,) 1 tablet daily

Isentress (Raltegravir 400mg) 1 tablet, twice daily

To be fully effective, this will need to be taken for at least 28 days and specialist supervision is needed. Please refer to your local GUM/HIV specialist. As I will be following the student when they return to university, I would be grateful if you could send me a copy of their referral and include my address in the specialist referral.

Please contact us if you need any further information.

Thank you for your help.

Yours sincerely

Dr Matt Green
GP Partner (Travel Health Specialist)
& Occupational Health Doctor