

OKLAHOMA DEPARTMENT OF CORRECTIONS  
HIV Exposure Prophylaxis Guidelines

Attachment J  
MSRM 140125.02

- A. At risk fluids capable of transmission from exposure
  - 1. blood, semen, vaginal secretions,
  - 2. amniotic fluid, breast milk
  - 3. pericardial, synovial, pleural, peritoneal fluids
  - 4. cerebrospinal fluid
- B. Fluids not at risk for transmission
  - 1. feces, vomitus, urine
  - 2. saliva, nasal secretions, sputum
  - 3. sweat, tears
- C. Risk of transmission without using HIV postexposure prophylaxis
  - 1. 0.3% for percutaneous exposure
  - 2. 0.09% for mucous membrane exposure
  - 3. 0% for intact skin exposure
- D. Level of risk for transmission depends upon
  - 1. volume of inoculate fluid exposed
  - 2. HIV viral load level (extent of viremia) of infected patient
- E. Postexposure Medication
  - 1. Raltegravir ( Isentress; RAL) 400mg PO twice daily  
**PLUS**  
Truvada 1 PO once daily  
(Tenofovir DF (Viread;TDF) 300mg + emtriciabine (Emtriva; FTC) 200mg
  - 2. ALL postexposure prophylaxis medication should be taken for 28 days
  - 3. Start PEP treatment ASAP < 72 hrs exposure incident max.
- F. Prophylactic HIV medication precautions in certain recipients
  - a. avoid tenofovir in pre-existing renal disease (nephrotoxic)
  - b. in patient with active Hepatitis B – do not use Truvada
  - c. Employee Exposures are coordinated through the worker's compensation carrier.
  - d. Treatment and follow up for exposed employees is also coordinated through the worker's compensation carrier, the employee may obtain the PEP kit from the facilities Medical Services or thru the ER or personal physician.
- G. Laboratory monitoring of recipient HIV exposure patient
  - 1. HIV ELISA screen antibody testing at day of inoculation, and at 3 & 6 months post exposure
    - a. vast majority of recipient cases that are going to seroconvert will do so by 3 months time post exposure
    - b. DO NOT test HIV RNA viral load levels routinely.
    - c. DO test HIV RNA viral load level *if* recipient develops typical symptoms of Acute HIV illness
    - d. Screen for HBV or HCV if clinically indicated by history
  - 2. Recipient undergoing post exposure prophylactic medication treatment
    - a. CBC, CMP @ start, and at 2 & 4 weeks of treatment
- H. National Clinician's Post Exposure Prophylaxis Hotline : **1-888-448-4911** 24 hour consultation available

(D-10/13)