HUMAN IMMUNODEFICIENCY VIRUS (HIV) POST EXPOSURE TESTING
(OCUPATIONAL HEALTH)

To be used in conjunction with the Occupational Exposure section of the agency Infection Control Manual.

I. DEFINITION:
Human Immunodeficiency Virus (HIV) is a virus that attacks the infected person’s immune system destroying CD4 cells, also referred to as T cells. HIV infection can be divided into three stages: acute, clinical latency and the most severe form acquired immunodeficiency syndrome (AIDS). The virus is transmitted only through certain body fluids (blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid, and breastmilk) which must come in contact with a mucous membrane, damaged tissue, or the bloodstream. While semen and vaginal secretions have been implicated in sexual transmission of the virus these fluids have NOT been implicated in occupational transmission.

II. LABORATORY TESTING

A. FOR THE SOURCE:

1. All lab results related to the HIV post exposure testing are documented on the Employee Health Specimen Referral/Result Log.

2. Perform baseline testing for antibody to HIV (anti-HIV) after obtaining consent (ODH 887) for testing from the source. If the source client is 12 years of age or older, utilize the OraQuick® ADVANCE Rapid HIV-1/2 Antibody test if it is available locally. If the rapid HIV test is reactive, draw one full serum separator tube of the source’s blood for further confirmatory testing.

3. If confirmatory HIV test result is required, a manual copy of the PHL specimen submission form is used for submitting the blood specimen. In the upper right hand corner of the form, write: “Rapid HIV Test Preliminary Positive”.

4. If rapid HIV test kit is not available, draw (venipuncture) one full serum separator tube of the source’s blood for Enzyme Immunosorbent Assay (EIA) and HIV-1/HIV-2 differentiation testing through the OSDH Public Health Lab.

B. FOR THE EXPOSED EMPLOYEE:

1. OSDH encourages all employees who have been exposed to someone else’s blood in the course and scope of their employment to submit to baseline serology testing. The employee must complete the (ODH 1087) BBP Blood Testing of Exposed Employee Consent/Declination form indicating their choice.

2. Once the employee’s consent has been given in writing, draw (venipuncture) one full serum separator tube of the employee’s blood for baseline anti-HIV testing through the OSDH Public Health Lab.

3. If the Rapid HIV test result on the source person is “non-reactive” at the time of the exposure, further serology follow-up testing on the employee is not necessary or required. However, if the exposed employee would like to complete the post exposure follow-up testing, that testing will be made available to the exposed employee.

4. Post exposure follow-up testing is to be performed at 6 weeks, 12 weeks, and 6 months post exposure. (Extend follow-up testing to 12 months if the source patient was co-infected with HIV and Hepatitis C virus (HCV) and the exposed employee becomes infected with HCV during the follow-up period.)
III. MANAGEMENT OF SOURCE:

A. Provide source with the results of the rapid HIV antibody test. If test is “non-reactive” report the results as “negative at this time for the presence of HIV-1 and HIV-2 antibodies”. No further follow-up of the source patient is necessary when the rapid HIV antibody test is negative. Do not proceed further on source management.

B. If the rapid HIV antibody test is “reactive”, report the result to the source as “preliminary testing is positive for the presence of HIV-1 or HIV-2 antibodies”. Further testing using a blood specimen is required for confirmation.

C. Explain to the client you are required to report the reactive preliminary “positive” test to the area Disease Intervention Specialist (DIS) who will assist in additional follow-up.

D. Inform client they will need to return to the clinic for follow-up appointment. The results of second test will be given at that time. **Emphasize to the client that the test results must be given in person regardless of the test results outcome.**

E. Schedule the client for the follow-up STD appointment at 2 weeks from the date of the lab draw.

F. Provide client centered prevention counseling:
   1. Exercise sexual abstinence or use condoms to prevent sexual transmission and pregnancy.
   2. Do not donate blood, plasma, organs, tissue, or semen during the follow-up period.
   3. If breastfeeding, they should be counseled about the risk of HIV transmission through breastmilk, and discontinuation of breastfeeding until confirmatory test results are received.
   4. Contact the DIS assigned to your district, inform them of the client’s information, preliminary positive test result, and the date and time of the client’s follow-up appointment. The DIS will assume responsibility for additional client counseling, referral to resources, and partner notification.

IV. MANAGEMENT OF EXPOSED EMPLOYEE:

A. If the rapid HIV test results of the source is “reactive” or “preliminary positive”, the exposed employee is given the results and immediately referred to the local emergency room; their personal local physician; or to a physician who specializes in treatment of Infectious Disease where the employee may be further evaluated for treatment with post exposure medications (PEP). Immediately contact the Occupational Health Nurse located in the OSDH Central Office (405-271-5183).

B. An HIV-exposed employee should be advised to use the following measures to prevent secondary transmission during the follow-up period, especially the first 6–12 weeks after the exposure when most HIV-infected persons are expected to seroconvert:
   1. Exercise sexual abstinence or use condoms to prevent sexual transmission and to avoid pregnancy.
   2. Do not donate blood, plasma, organs, tissue, or semen during the follow-up period.
3. If breastfeeding, they should be counseled about the risk of HIV transmission through breastmilk, and discontinuation of breastfeeding should be considered, especially for high-risk exposures.

C. The patient-care responsibilities of an exposed person do not need to be modified based solely on an HIV exposure to prevent transmission to patients.

D. Instruct the HIV-exposed employee to report and seek medical evaluation for any symptoms they experience of acute viral illness they experience during the post exposure follow-up period. Acute retroviral syndrome—occurs within two to twelve weeks in 70% of those infected and before antibody test results become positive.

1. Malaise

2. Swollen lymph glands

3. Fever, sometimes very high

4. Rash

5. Oral ulcerations

REFERENCE:
