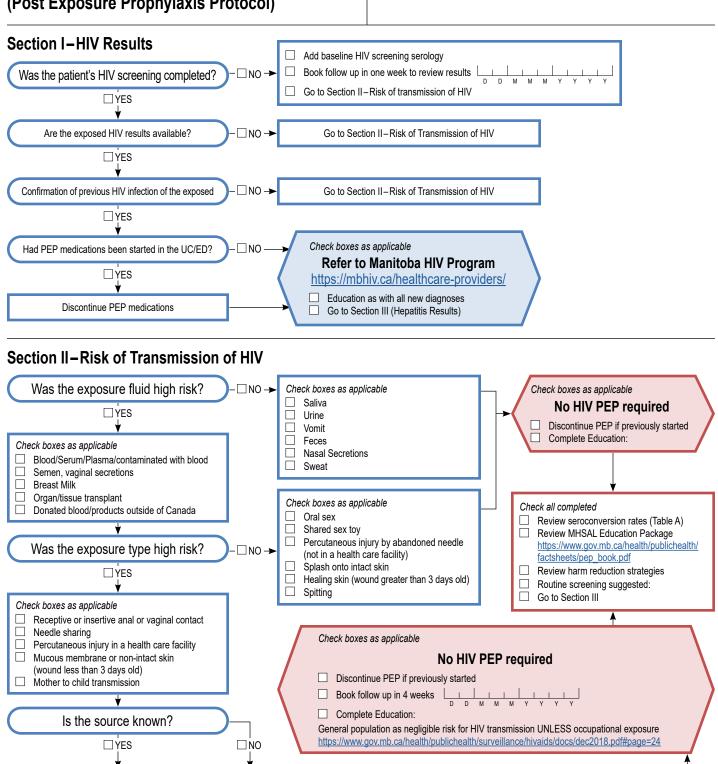


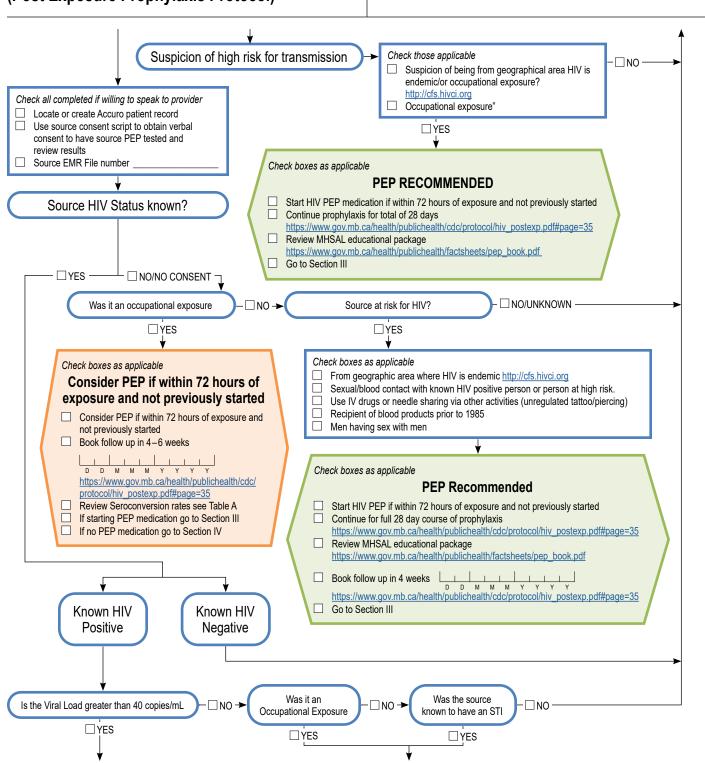
(Post Exposure Prophylaxis Protocol)



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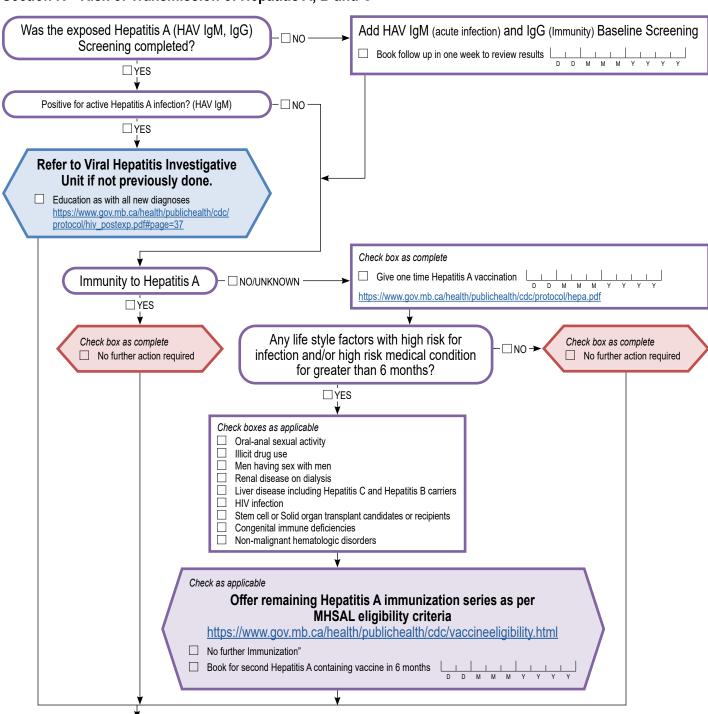
↓	<u> </u>	
Check boxes as applicable PEP Recommended Start HIV PEP medication if within 72 hours and not previously started Continue for full 28 day course of prophylaxis https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp.pdf#page=28 Review MHSAL educational package https://www.gov.mb.ca/health/publichealth/factsheets/pep_book.pdf Book follow up in 4 weeks D D M M M Y Y Y Y https://www.gov.mb.ca/health/publichealth/cdc/protocol/hiv_postexp.pdf#page=35 Go to Section III	Consider PEP if within 72 exposure and not previous Review Seroconversion rates see Book follow up in 4–6 weeks Logical Market	Sly started Table A iichealth/cdc/ 5 ection III
Section III-HIV PEP Medication Co	ounseling and Follow-up	Rationale:
Check boxes as completed Counseling for Initiating (if within 72 hours of Review medication side effects https://www.gov.mb.ca/health/publichealth/cdc/protoc Advise cost of medication can be approximately \$100 May be covered by (delay in submission will delay coefficient of EIA FNIHB Victim Compensation https://www.gov.mb.ca/justice WCB as applicable once claim is approved if applicable of Advise to consult with pharmacist to complete Pharm Reviewed Pharmacare deductibles at https://www.gov.mb.ca/justice Review side effects/contraindications and importance https://www.gov.mb.ca/health/publichealth/cdc/protoc	ol/hiv_postexp.pdf#page=8 0 if no additional medication coverage. verage): e/crown/victims/compensation.html cable acare application v.mb.ca/health/pharmacare/estimator.html of adherence	
PEP medications are being/h (if within 72 hours of exposure		Check boxes as completed
□yes		HIV PEP prescription generated in Accuro https://www.gov.mb.ca/health/publichealth/cdc/protocol/ hiv_postexp.pdf#page=28 Offered antiemetic prescription
Is there a delay in accessing medication	ns through a pharmacy?	One red antiemetic prescription prescription for antiemetic generated in Accuro Go to Section IV
□YES		35 to occupitiv
Check boxes as completed Provide a second 3 day Starter pack to bridge until arrang Document starter pack by generating a prescription ir Do not print prescription https://www.gov.mb.ca/healtl Book follow up within 72 hours to ensure coverage of Go to Section IV	n Accuro	e 28 day course

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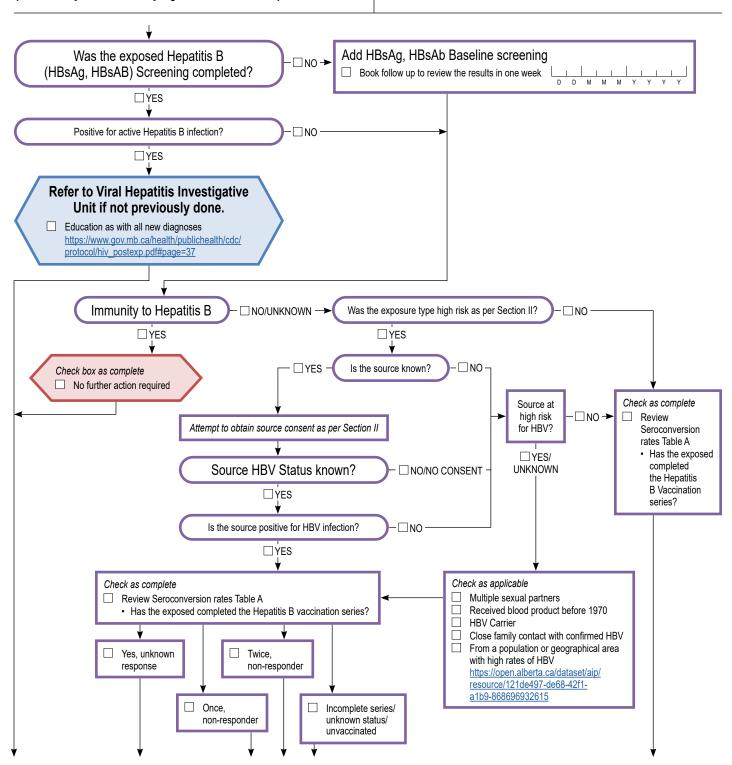
Section IV-Risk of Transmission of Hepatitis A, B and C



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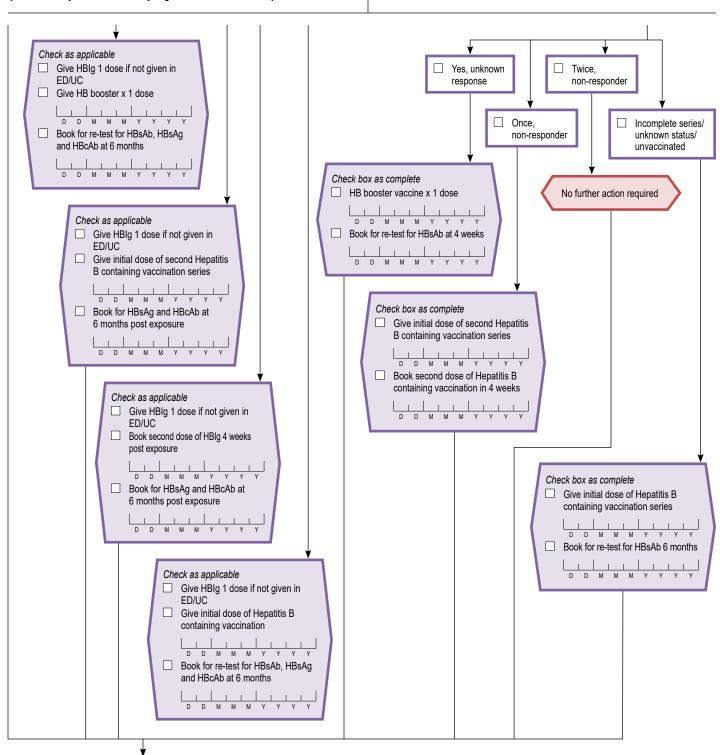
(Post Exposure Prophylaxis Protocol)



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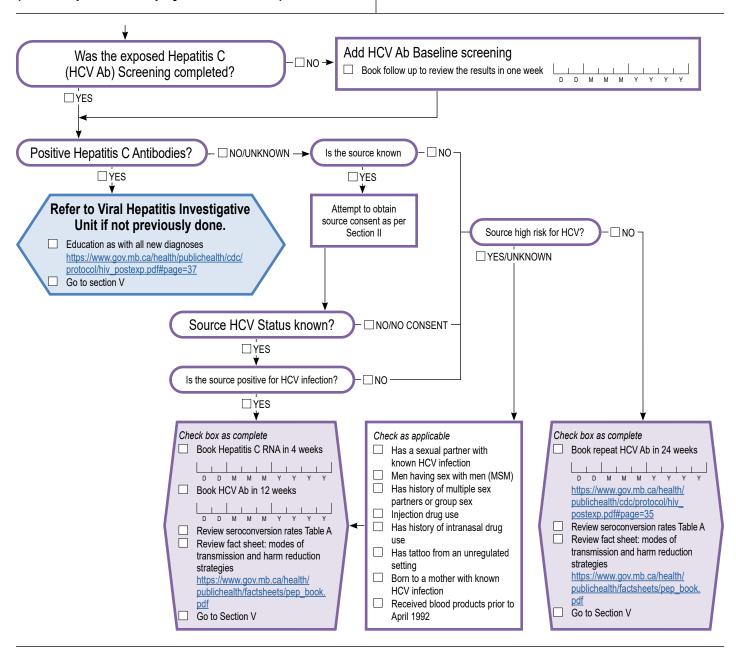
(Post Exposure Prophylaxis Protocol)



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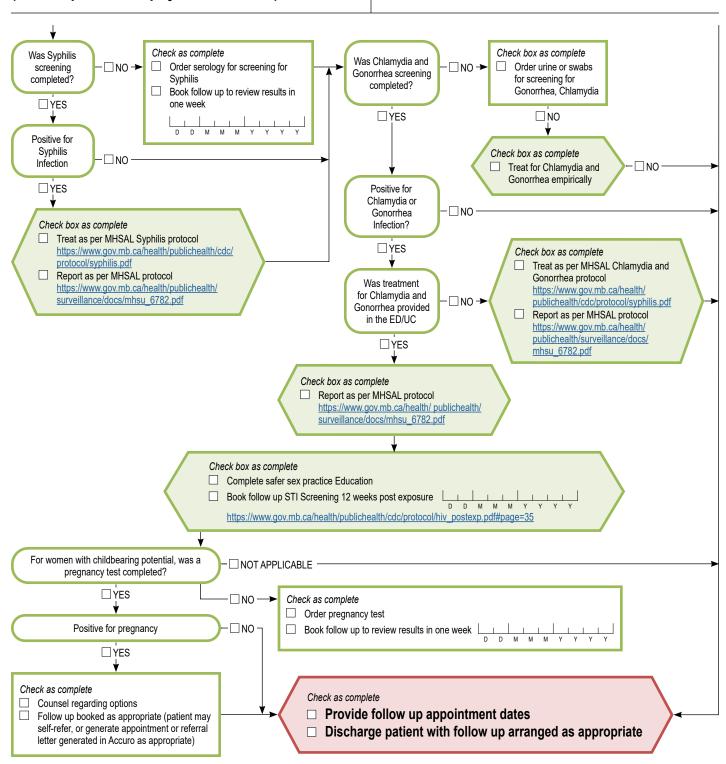
Section V-For Sexual Exposures



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HIV, HEPATITIS B, HEPATITIS C SEROCONVERISON RISK AND PREVALENCE RATES

TAB	TABLE A: SEROCONVERSION RISK: per episode or per sexual act estimated average risk from an infected source, by exposure route 1,2									
	orevalence, transmission risk, ulations are identified in Table B	needle- stick	receptive anal	receptive vaginal	insertive vaginal	insertive anal	oral receptive	other mucosal	skin non-intact	discarded needles
Н	General Population	1:500,000	1:500,000	1:500,000	1:1,700,000	1:5,000,000	1:5,000,000	1:7,000,000	estimates not available. Risk is	Risk negligible
V	STD + Female	1:400,000	N/A	N/A	1:1,400,000	1:4,200,000	1:3,100,000	1:1,400,000		
V	Street Connected	1:83,000	1:83,000	1:125,000	1:280,000	1:830,000	1:625,000	1:280,000		for HIV HIV PEP
	STD + Male	1:33,000	1:33,000	N/A	1:33,000	1:330,000	1:250,000	1:110,000		not
	Men having Sex with Men	1:3,700	1:3,700	N/A	N/A	1:37,000	1:28,000	1:12,500		required
	Injection Drug Use (IDU)	1:2,500	1:2,500	1:4,000	1:8,500	1:25,000	1:20,000	1:8,500		
	Confirmed HIV + Estimate or risk of transmission from sexual exposure to an HIV-infected partner and assumes no condom use.	1:333	1:72	1:1,250	1:2,500	1:900	Precise estimates not available. Risk is considered to be low relative to the other sexual exposures, but it is not zero.	Precise estimates not available. Risk is considered to be low relative to the other sexual exposures, but it is not zero.		
	Confirmed HIV + On ARV treatment and viral load is less than (< 50) then risk is negligible.	< 1:10,000	1:10,000	1:31,000	1:62,500	1:25,000	< 1:100,000	< 1:100,000		
H	General Population	1:333	Needlestick exposures account for a minority of HBV infections in health care workers (HCW). Most frequent transmission; HCW mucocutaneous; young adults—sexual contact or IDU					1:333		
B	Immigrants	1:45	Body fluids other than blood (i.e., saliva) are not efficient vehicles of HBV transmission as they contain low					1:45		
•	Confirmed HBV +	1:3	quantities of infectious HBV particles, despite the presence of HBsAg					1:3		
ΗC	General Population	1:6,200	Risk negligible for HCV if no blood in body fluid					1:6,200		
٧	Confirmed HCV +	1:55							1:55	

TABLE B: SEROCONVERSION I	RISK = PRE	VALENCE X TRANSMISSION RIS	K (estimated	average r	isk) ^{1, 2}			
Estimates from Health Canada, MB Health, CDC		HCV PREVALENCE	%	HIV TRANSMISISON RISK		%	Range	
Prevalence = number with disease/number at risk		General Population-MANITOBA	0.9	Percutaneous		0.3	0.20-0.50	
Transmission risk: per exposure to a positive source		Hemodialysis	10.0-20.0	Discarded Needle		Negligible Risk		
		Hemophilia	50.0-90.0	Vaginal	Receptive	0.08	0.06-0.11	
SEROCONVERSION RISK is based on the likelihood of the source being infective for the virus and the likelihood of seroconversion after a single exposure		Confirmed HCV +	100.0		Insertive	0.04	0.01-0.19	
					Receptive on ARV Treatment	0.0032	0.0006-0.017	
					Insertive on ARV Treatment	0.0016	0.0002-0.013	
HIV PREVALENCE	%	HBV PREVALENCE	%	Anal	Receptive	1.4	1.0-1.9	
General Population-MANITOBA	A 0.07	General Population-CANADA	0.5-1.0		Insertive	0.11	0.04-0.28	
					Receptive on ARV Treatment	0.06	0.01-0.29	
					Insertive on ARV Treatment	0.004	0.001-0.03	
General Population-CANADA	0.16	First Nations	0.3	Oral	Oral Receptive		0.04	
STD + Female	0.08	STD Clinic Visitors	0.3	Mucosal		0.09	0.09	
Street Connected	0.4	Adolescents	0.4	HBV TRAI	RANSMISISON RISK-Percutaneous			
STD + Male	1.0	Resident; Long Term Care Facility	0.6	HBsAg + HBeAg -		30.0	23-37	
Men having Sex with Men	9.0	Inuit	6.9	HBeG +		50.0	37-62	
Injection Drug Use-MANITOBA	13.0	Immigrants	7.4	HCV TRANSMISISON RISK		%	Range	
Confirmed HIV +	100.0	Confirmed HBV +	100.0	Percutaneous		1.8	0-7	
HIV risk may be incrased by factors such as depth [16.1 odds ratio (O.R.)], visible blood on device (5.2 O.R.) device in artery/vein (5.1 O.R.) or high viral titre (6.4 O.R.)								

Legend

ED - Emergency Department - Employment and Income Assistance EMR - Electronic Medical Record

HBIg - Hepatitis B Immune Globulin HBcAb - Hepatitis B Core Antibody HBsAb - Hepatitis B Surface Antibody FNIHB - First Nations and Inuit Health Branch HAV - Hepatitis A Virus HBsAg - Hepatitis B Surface Antigen

HB - Hepatitis B

HBV - Hepatitis B Virus - Hepatitis C Virus HCV Ab - Hepatitis C Antibody HIV - Human Immunodeficiency Virus lgG - Immunoglobulin G

IgM - Immunoglobulin G MHSAL - Manitoba Health, Seniors and Active Living

PEP - Post-exposure Prophylaxis RNA - Ribonucleic Acid STI - Sexually Transmitted Infection UC - Urgent Care WCB - Workers Compensation Board

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