

Protection against HIV



**Information for
overseas workers and
sending agencies.**

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Introduction: HIV and AIDS

1. Introduction: HIV and AIDS

1.1 Why is the topic of HIV important?

HIV stands for ‚Human Immunodeficiency Virus‘ and AIDS is the abbreviation for ‚Acquired Immune Deficiency Syndrome‘.

Every year more than one million people are newly infected with the HI-Virus. In 2007 the number of people infected with HIV was approximated to be 33 million; the number of fatalities was approximated to be 2 million. The majority of people affected by the HIV epidemic live in economically disadvantaged countries.

The statistics are especially high in South Africa, however in other regions such as Asia and Eastern Europe, the epidemic is continuing to spread.

During the preparation for an assignment abroad, it is essential to inform yourself of the risks of a HIV infection. In countries where high rates of HIV are prevalent, alongside the threat for personnel involved in health care, there is also the risk of a transmission of HIV through sexual violence.

With this leaflet we would like to recommend safety precautions for overseas workers regarding protection against sexual violence, as well as offer support through familiarising those travelling abroad with the following information regarding sexual violence.

This leaflet also includes guidelines for medical personnel regarding the prevention of HIV infection and the appropriate procedure after occupational exposure.

1.2 How is HIV transmitted?

HIV can be transmitted through infected blood, sperm, vaginal secretion and breast milk. Contact with infected materials is classified as exposure. Whether an AIDS infection has developed as a result of this exposure will depend on many factors. In principle: there can be no infection without exposure, but not every exposure develops into infection.

Sexual transmission

Unprotected heterosexual intercourse (without a condom) is the most common means of transmission worldwide. Depending on the country or region, between 60 and 85% of all infections are caused by sexual transmission. The risk of transmission during sexual intercourse is increased if there is a concurrent injury e.g., in the case of sexual violence, or if there are pre-existing sexually transmitted infections such as syphilis or gonorrhoea. Women and particularly young women are at much higher risk of acquiring infection per transmission event than men.

Transmission from mother to child

A HIV positive mother can transmit the infection to her child. This can take place in the womb, during birth or through breastfeeding. Without preventive measures, the risk of infection stands at approximately 30%. In

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developed countries under the application of all preventative measures, the risk of infection can be reduced by 2%.

Transmission through blood or infectious material

Through the re-using of unclean needles and syringes, intravenous drug users have a much higher risk of infection. For medical personnel, the risk of infection lies in the occurrence of needlestick injury, or through contact with infected blood or bodily fluids.

The risk of transmission through blood preservation and blood products in industrial countries is virtually non-existent, and has also been reduced in economically disadvantaged countries through the use of HIV tests. However, transmission through infected blood and blood products will almost always result in HIV infection.

1.3 How does HIV infection turn into AIDS?

Within hours after an infection of HIV (see diagram 1), the virus attacks the specific cells of the human immune system.

These cells are 're-programmed' and the virus multiplies in them. Large numbers of new viruses are released, further infecting cells. Through this process the host cells are damaged and partly destroyed. A specific group of cells is particularly affected; these cells are called CD4 Lymphocytes.

The virus can be found in the blood and other bodily fluids within a few days after infection,

although at first there are no medical symptoms. From then on, affected persons are infected, and remain so for the rest of their lives.

The continuous multiplication of the virus leads to an activation of the body's own defence system. This immune-response may manifest as an illness: the acute HIV infection, which takes place within weeks after the original infection.

Symptoms of acute HIV infection include a flu-like illness with fever, feeling unwell, swelling of the lymph-nodes and skin rashes. In this early phase the infection is still tested negative for HIV. This is called the window-period. During this time there is a build-up of antibodies, which will later be evident in a simple HIV test. The HIV test will then result positive for the rest of the carrier's life.

The acute HIV infection spontaneously resolves within a short time. Because it is similar to other viral infections, it is often not attributed to HIV. Thereafter follows a period of years in which the affected persons do not experience any medical complaints, which is why the majority of infected persons do not even know they are HIV carriers. After this time there is a progressive decreasing of CD4 cells, and a weakening of the immune system. This becomes evident through the occurrence of illnesses, such as fever, respiratory infection, weight-loss, chronic diarrhoea, rashes on the skin and also tuberculosis.

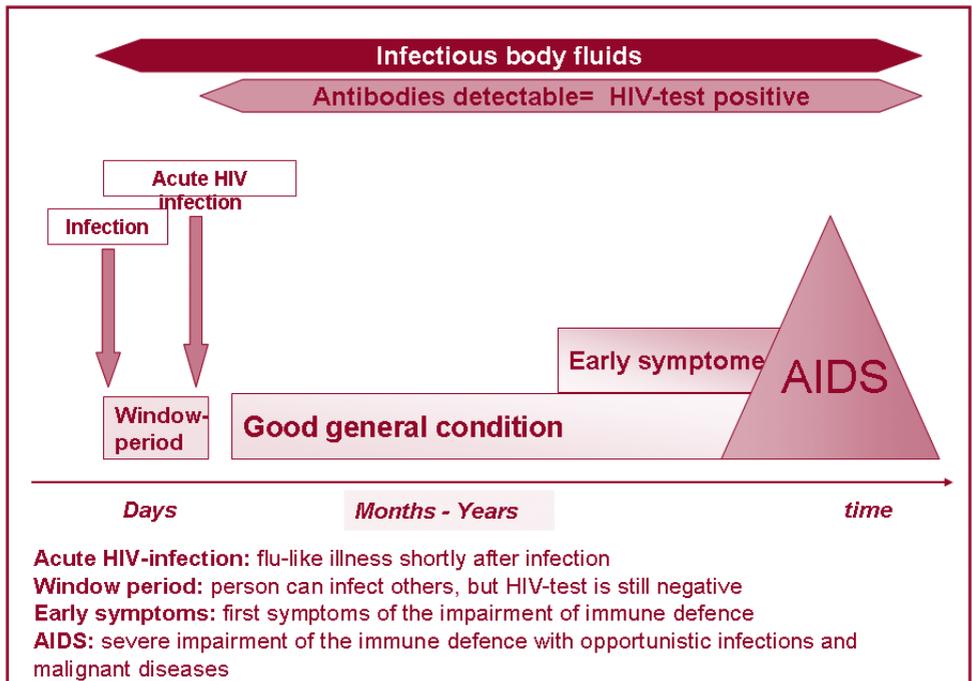


Fig. 1: From HIV-infection to AIDS

Schäfer, J. (2010)

As the immune system further deteriorates, illnesses occur that are indicative of a severe impairment of the immune defence. This stage is called AIDS. It is characterised by illnesses caused by pathogens that do not cause disease in healthy people, the so called opportunistic infections and can also include malignant diseases. Examples include severe infections of the lung, the central nervous system, chronic diarrhoea and chronic herpes infection. Tuberculosis is the most frequent opportunistic infection in developing countries.

1.4 What is the prognosis for HIV infection?

Without treatment, a HIV infection will end in fatality within a few years. Generally the disease progresses more quickly in children than in adults. In conditions of good hygiene and nutrition, the process of the disease will develop somewhat slower than it would in situations where health and living conditions were poor.

Today it is possible through anti-retroviral therapy to prolong the outbreak of AIDS, achieve quality of life and distinctly reduce

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fatality. The HIV infection is consequently treated just as a chronic disease.

Anti-retroviral treatment should be started before the immune system and antibodies are severely damaged.

People with HIV require all encompassing and holistic healthcare. This includes medical care, but also counselling, emotional support, nutritional care, as well as support in both social and economic spheres.

1.5 How can I protect myself from HIV infection?

It is imperative to understand that HIV cannot be transmitted through social contact. Therefore there are no specific safety precautions to take for everyday contact with HIV positive persons, or for living together with people who are HIV positive.

Effective measures for the protection against sexual transmission of HIV and other sexually transmitted infections are:

- abstinence,
- mutual trust in partner-relationships,
- proper and regular usage of condoms during sexual intercourse.

In medical occupations, the greatest care should be taken in cases of dealing with infectious material and sharp objects. This includes:

- the use of gloves,

- the careful handling of cannulae, scalpels and other sharp objects,
- the proper disposal of infectious material and sharp objects,
- protective measures such as the wearing of masks and gloves in high risk tasks, e.g., in dental operations.

These universal precautions against infection should be in place in all health facilities.

1.6 What is meant by HIV Post-exposure prophylaxis?

After possible contact (exposure) with the HI-virus through sexual secretion or infected blood, the risk of infection can be reduced through early, time restricted taking of anti-retroviral medication. This treatment is called “HIV post-exposure prophylaxis” or “HIV-PEP”.

This particular avenue of HIV prevention will be used in the case of:

- a risk of sexual transmission through sexual violence,
- medical personnel and occupational exposure, eg. a needlestick injury or contact with blood.

HIV-PEP should not be misused in order to reduce the risk of HIV infection after voluntary, unprotected sexual intercourse.

HIV and sexual violence

2. HIV and sexual violence

2.1 What is sexual violence?

Sexual violence and sexual misconduct occurs in every society. Women and children are the most affected by sexual violence.

All forms of sexual violence, from sexual molestation to rape, are not legitimate expressions of sexuality. Instead, they are an expression of an exercise of power over another person, whom the perpetrator wants to harm. Sexual violence can be exercised against persons unknown to the perpetrator, but it occurs most frequently within existing relationships. According to studies, a quarter of all women worldwide experience sexual violence at the hands of their own partner. In the USA alone, 700,000 women each year become victims of rape.

The topic of 'sexual violence' is an explicitly sensitive one, which touches on fears, hurts, and taboos. It is being increasingly discussed as a part of preparations of those taking assignments abroad; however, the biggest risk exists for local women and children.

2.2 Safety precautions against sexual violence

For those embarking on assignments abroad, there is higher danger potential; simply for the reason that they are entering into situations unpredictable and unknown to them. These risks could include diseases such as malaria or dengue-fever, psychological stress and road traffic-accidents and the risk of becoming a victim of sexual violence. These risks can be

reduced by acting carefully and cautiously.

It is important for travellers to be aware of safety measures they can take in order to best avoid dangerous situations. First of all, employ those measures that you would use in your own country, for example, not travelling alone in certain areas after dark, or making contact with strangers, so that no situations of risk can be created.

In addition to these, the following recommendations should be taken into account:

- Find out if both the organisation you are representing and the partner-organisation have guidelines in this area for employees.
- Adhere to the advice of a trusted person in the host-country, e.g., a team leader or member of the organisation you will be working with.
- Every culture has values and norms regarding the appropriate conduct between men and women. Communication about these norms and values involves, in many ways, the same issues. These include eye contact, body language and also the way in which we dress. Travellers should inform themselves about these norms and values, in order to act appropriately and not come into situations of misunderstanding.
- Try to identify sexual approaches early, and react appropriately. Make rejections

HIV and sexual violence

politely, but in definitive, clear verbal and non-verbal language.

- Inform yourself of the legal regulations of the host-country.
- Inform yourself directly about the existing services in medical and psychological help.

2.3 What can be done in the occurrence of sexual violence?

Sexual violence, and above all, rape, is an extremely traumatic experience for those who are the victims. An incident of sexual violence is always an emergency. In the case of such an event, the following steps should be undertaken:

- First aid and protection against further traumatisation.
- Medical care and assistance from medically qualified personnel.
- Counselling and psycho-social, emotional care.
- Initiation of police inquiry and law enforcement.

2.4 What is important in regards to health care?

Medical care should be administered by a qualified specialist.

In this case, you may find the accompaniment of a person whom you trust extremely

helpful.

Conversation with the persons concerned should take place in a 'protected space', in order to ensure absolute discretion and confidentiality. It must be ensured that medical treatment or counselling only takes place with the full consent of the affected persons. Medical care includes the following aspects:

- Treatment of wounds.
- Examination for possible sexually transmitted diseases, and then the ensuing, appropriate treatment.
- Offer of protection against possible pregnancy.
- Estimation of the risk of HIV infection and offer of HIV post-exposure prophylaxis.

Additionally, employees should make sure that they know a person whom they can ask personal questions, and in the case of a crisis situation, ask that person to act as their accompanier.

2.5 What is the difference between the HIV-PEP used after an event of sexual violence, and that used after occupational exposure?

The actual procedure of HIV post-exposure prophylaxis is identical in both cases. However, there are considerable differences in both situations.

- The experience of sexual violence deeply injures the human sense of worth. This can have profound effects on the persons concerned. Their life and their health is threatened, and they experience extraordinary levels of fear and anxiety. Their trust in people and their sense of security will have been dramatically shaken. Alongside the possibility of a transmission of HIV, there is also fear of unwanted pregnancy and other sexually transmitted infections. For this reason, comprehensive help and support is absolutely necessary.
- It is often difficult to estimate the risk of HIV-transmission in the case of sexual violence. While in the case of occupational exposure, the HIV status of the person is already known or can be clarified, the perpetrator is most often unknown in cases of violent crime.
- Occupational exposure usually takes place in a relatively structured environment, in which professional help and medical treatment is readily available. The situations in which instances of sexual violence occur are chaotic and uncontrolled.

2.6 Sexual violence and thereafter...

Most of the physical, external effects of sexual violence can be treated. However, sexual violence always dramatically damages the personality and dignity of a person. Frequently the emotional damage lingers on, and many women endure the same violence for a long time thereafter. For this reason it is extremely important that affected persons do not only receive the appropriate medical treatment, but also certified emotional and psychological counselling about the actual incident, and then beyond its occurrence.

Sending agencies and partner-organisations carry the responsibility of giving the best possible help advice to employees, and when necessary, directing them to appropriate places and services of assistance. Or, when required, they should organise treatment and assistance for employees in their own country.

The sending agency or host organisation should:

- put guidelines in place about dealing with employees who have been victims of sexual violence,
- inform all employees about these guidelines at regular intervals,
- nominate a member care person or specific facility that, in the case of an occurrence of sexual violence can offer confidential support and counselling have a list of possible medical and

HIV Post-exposure Prophylaxis

psychological facilities or a member care centre, which can be resorted to in the case of emergencies, and

- ensure that all employees have appropriate medical supplies and services at their disposal to be used in the case of emergency.

3. Overview: The 4 stages for the implementation of HIV Post-exposure Prophylaxis

The administration of HIV-PEP takes place in 4 steps, in exactly the same way after an incident of sexual assault as with occupational exposure. These stages are briefly described in the following text, and will be explained in detail in the following chapter.

There is no 100% protection for HIV infection. However, fast initiation of a course of HIV-PEP will reduce the risk of infection.

There should be guidelines readily available in every medical facility, which describe clearly and in detail the course of action to be taken after occupational exposure.

Stage 1: Emergency procedures

Stage 1 concerns the procedures of emergency treatment, with the foremost intention to reduce the risk of infection and prevent causing further damage/injury

Stage 2: Estimation of infection risk

HIV-PEP should not be commenced without careful forethought. In some cases, substantial, undesirable side effects can occur and the management of HIV-PEP requires experience. Therefore, there should always be an evaluation of the risk of infection before

Emergency Procedures

antiviral therapy begins. The risk of infection depends on:

- the kind of injury or exposure, and
- the severity of infection in the infection source

It is always recommended to begin with anti-retroviral therapy when there is a high risk of infection. Where there is low risk of infection, antiretroviral treatment can be offered. When estimating the risk of infection, if possible the advice of someone with experience in this matter should be sought.

Stage 3: Anti-retroviral Therapy

If anti-retroviral therapy is begun as early as possible after the initial exposure for a period of 28 days, the risk of HIV infection can be reduced. A combination of three drugs is used. The treatment should begin as soon as possible after the possible infection, at best, within two hours after exposure.

Stage 4: The HIV test and other medical examinations

HIV-PEP should only be carried out with those who test negative for HIV. Giving a short course of anti-retroviral treatment to a person who is already HIV positive will decrease the effectiveness of later treatments. Therefore it is imperative that a HIV test is carried out with the person concerned, and should take place as soon as possible before treatment begins. However, where the situation necessitates immediate action, the test can place

after the first or second dose is taken.

Additionally, further examinations are required in order to avoid further complications. These include a blood count, liver and kidney examination, and where appropriate, a pregnancy test.

4. Emergency Procedures (Stage 1)

These procedures will depend on the kind of sexual assault or occupational exposure that has occurred. In both cases, professional assistance should be sought out as quickly as possible.

Emergency procedures after sexual assault

Clean dressings should be applied in cases where there are external injuries, but no vaginal rinsing or similar measures should be used. The person concerned should be protected from further trauma.

Emergency procedures after occupational exposure

Needle sticks injuries or cuts:	Contamination of the eyes, mucous membrane or wounds:
1. Let wound bleed 2. Cleansing with water and soap. Antiseptics do not provide additional benefit	Intensive rinsing with water and/or antiseptics

Table1: Emergency Procedures

Risk evaluation

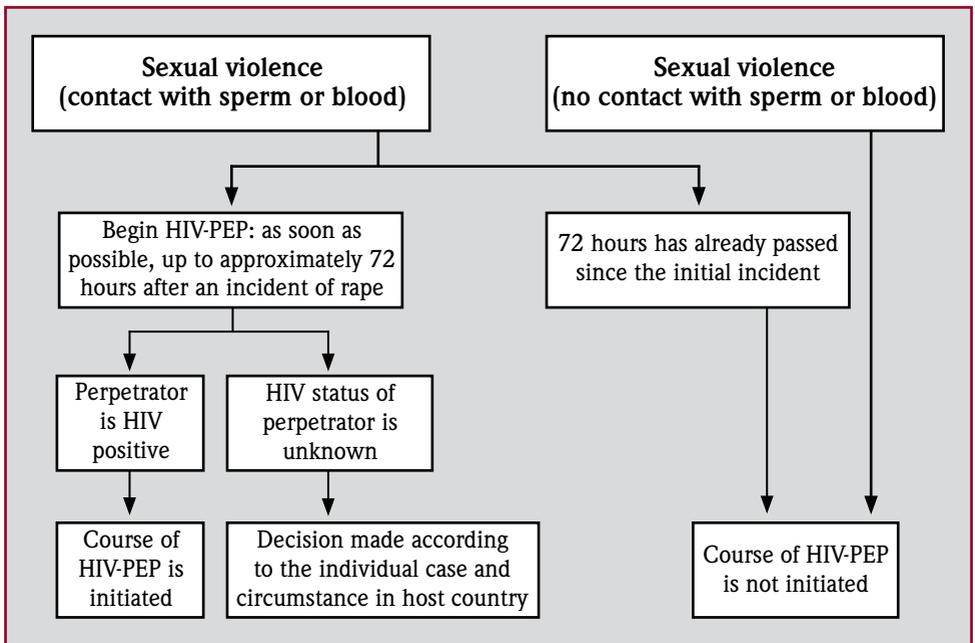
5. Risk evaluation (Stage 2)

5.1 Risk evaluation after sexual assault

Rape should always be treated as a high-risk situation of HIV transmission. In a country with a low HIV rate, e.g., Germany, there is only a very marginal risk of HIV transmission through rape, and therefore it is not necessary to carry out a course of HIV-PEP. However, the situation is sometimes different for overseas workers:

- HIV rates in the host country may be higher, and
- Perpetrators of sexual assault more often come from a population group where there is a high HIV risk.

Therefore, PEP should always be offered in a country where sexual assault occurs and in countries with high HIV prevalence rates, even when the perpetrator is proven to be HIV negative.



Flowchart PEP after sexual violence

5.2 Risk evaluation after occupational exposure

A high risk of infection is associated with penetrating injuries. In countries with high HIV-prevalence, HIV-PEP is also recommended when the HIV status of the person who may be the source of infection is unknown. Statistically, the risk of HIV infection from an injury with a syringe stands at 0.3%. Contact with saliva, urine and faeces are not circumstantial. Likewise, contact of unbroken skin with infected material presents no real risk, so HIV-PEP would not be recommended in this case.

Type of exposure	Risk	HIV-PEP
Deep wound with a syringe or other hollow needle (Bodily fluids with high virus concentration: blood, liquor, puncture fluid, Organ material, viral cultures)	High risk	Recommended
Superficial or surface injury (e.g., injury with a surgical needle)	Inter- mediate risk	Offered (It is not always clear if the use of HIV-PEP is beneficial in these cases)
Contact of broken, wounded or damaged skin with bodily fluids from an infected person (high viral load)		
Transdermal contact with bodily fluids other than blood (such as urine or saliva)	Minimal risk	Not recommended
Contact of intact skin with blood (also with a high virus concentration))		
Skin or mucous membrane contact with bodily fluids (urine or saliva)		

Table 2: Risk evaluation after occupational exposure

Anti-retroviral therapy

6. Administration of anti-retroviral therapy (Stage 3)

6.1 Which medication should be used for HIV-PEP?

For PEP, a combination of three different anti-retroviral drugs is given in tablet form, to be taken over a duration of 28 days. A combination of two drugs instead of three should only be used in exceptional cases, and only after professional consultation, as treatment with two drugs may be less effective and may induce resistance.

Zidovudine + Lamivudine	plus	Kaletra®, Aluvia® (Lopinavir/Ritonavir) ¹
or Combivir® (Zidovudine+ Lamivudine)		

Table 3: Recommended drug combinations

Treatment information

Zidovudine (Retrovir®):

Dosage: 300mg (1 tablet) twice daily, or after food.

Common side effects: nausea, vomiting, stomach cramps, fatigue, headache and insomnia.

Lamivudine (Epivir®):

Dosage: 150mg (1 tablet) twice daily with or after food.

Common side effects: headache and fatigue.

Lamivudine plus Zidovudine (Combivir®):

Dosage: 300/150mg (1 tablet) twice daily. See individual medications for instructions on intake and side effects.

Lopinavir/Ritonavir (Aluvia®, in Europe under the trade name Kaletra®):

Dosage: 400mg/100mg (2 tablets of 200mg/50mg) twice daily, with or after food. Common side effects: diarrhoea, rash, headache and fatigue.

The new formulation of Lopinavir/Ritonavir can be stored at room temperature.

Alternatives

In case these drugs are unavailable, other antiretroviral drugs can be used. In no case should Nevirapine be used in PEP treatment. As an alternative, Efavirenz can take the place of Aluvia®/Kaletra®. In all cases, questions of alternative treatments should be first discussed with a doctor with relevant experience.

When should the medication be started?

Anti-retroviral therapy in PEP should be begun as quickly as possible; at best, within 2 hours, but no later than 72 hours after a possible infection with the virus. The earlier treatment is started, the better the chance that the medication can reduce the risk of a HIV infection.

In order to ensure that the anti-retroviral medication is taken within the appropriate

time, all overseas workers at risk of HIV exposure should be supplied with a Starter Pack with the first dosage of the required anti-retroviral therapy. When medical consultation is not immediately available, the medication from the PEP starter pack can be taken straight away. However, medical consultation and the necessary tests should then take place as soon as possible.

If more than 24 hours have passed since the possible infection, it is recommended that, at the very least, a medical consultation takes place before the anti-retroviral therapy is begun.

What should be heeded while undergoing treatment?

The medication must be taken regularly and within the correct dosage, over a period of 28 days. Women must always be sure to eliminate the possibility of a potential pregnancy; therefore contraception must be used while HIV-PEP is being administered.

What are the possible side effects?

Side effects from anti-retroviral therapy are common; therefore anti-retroviral medication should not be taken without medication consultation and supervision.

Almost all used medication can cause gastrointestinal complaints; such as nausea, stomach cramps or vomiting, as well as diarrhoea. Additionally, they can cause headaches and general fatigue. These symptoms often improve after a few days.

From where can the medication be obtained?

Anti-retroviral therapy today is financially affordable. However, the prices in Germany can be up to 20 times higher than in many developing countries.

Assistance from DIFAEM can be requested in obtaining HIV-PEP from local manufacturers. Direct delivery to the respective country of assignment is possible in most cases. The prerequisite for this is a medical consultation with appropriate documentation.

How should the medication be stored?

Anti-retroviral drugs, as with all medication, should be stored in a dry, cool place, protected from direct sunlight. It is no longer necessary to preserve Lopinavir/Ritovavir (Kaletra®/Aluvia®) in a refrigerator. The use-by dates should be strictly adhered to, as a rule the medication will be useable for 24 months after delivery.

And when HIV-PEP is not wanted?

HIV-PEP treatment should only be given with the full informed consent of the affected persons.

HIV-Test

7. The HIV-Test and further examinations (Stage 4)

7.1 Why is the HIV-Test necessary?

HIV tests should take place before HIV-PEP is begun, and at 6 weeks, 3 months and 6 months after starting treatment. These tests are necessary because:

- a short course of anti-retroviral therapy given to a HIV positive person can cause them to become resistant to further treatment,
- it is essential in knowing what the ensuing therapy should be,
- it could have legal consequences.

HIV tests can only take place with the full consent of the persons concerned.

7.2 Which further tests should be conducted?

Alongside the HIV test, other tests should be conducted:

- Haemoglobin
- Liver function tests
- Kidney function tests (Creatinine or urea)
- Pregnancy test
- Hepatitis B and Hepatitis C serology.

7.3 How can other sexually transmitted infections be treated?

Contact with sexual fluids, such as semen or vaginal secretion, can lead to a transmission of a sexually transmitted infections (STI). In the case of sexual violence, due to the mucosal trauma, the risk of transmission of STIs and HIV is increased.

Transmission of HIV infection, or other STIs, can be avoided through the taking of specific medication. This is particularly applicable in cases of infections such as Gonorrhoea, Chlamydia and Syphilis.

The national treatment guidelines outline which drugs should be used for treatment of STIs. Some of these medications cannot be taken during pregnancy, and therefore it must be clearly established that no pregnancy exists before the therapy is started. After the treatment of a sexually transmitted infection the respective tests must be repeated to ensure that no infection has set in.

In many countries Hepatitis B is also highly prevalent: Hepatitis B is also sexually transmittable, but infection can be prevented through immunisation. All overseas workers should be immunised against Hepatitis B. If this is not the case a Hepatitis B immunisation should be administered as quickly as possible in the event of an incident of sexual violence.

7.4 Emergency Contraception

An incident of sexual violence could possibly result in pregnancy, and therefore victims of sexual violence should ensure they have access to emergency contraception, which can drastically reduce the risk of pregnancy. This emergency contraception is not a form of early-stage abortion; instead it hinders or suspends ovulation and blocks the fertilisation or nidation of the egg. It should be taken as early as possible, but not later than 72 hours after the incident. Menstruation normally occurs after 21 days; however bleeding can begin a week earlier or a few days later. Women who have still not received their period after this time should undergo further pregnancy testing.

Note: Emergency contraception will not terminate an already existing pregnancy!

7.5 What else needs to be taken into consideration?

Professional advice should be sought in the following situations:

- when more than 24 hours have elapsed between exposure and the beginning of anti-retroviral therapy
- when the HIV status of the index person cannot be assessed
- when the person concerned is pregnant, or the possibility of pregnancy cannot be excluded
- if the index person is being treated with anti-retroviral therapy
- when considerable side effects caused by anti-retroviral therapy are experienced, or occur earlier and more frequently than normal

Even the correct taking of HIV-PEP cannot completely exclude the possibility of HIV infection, and therefore a transmission is still possible. For this reason, those undergoing HIV-PEP should refrain from unprotected sex until they have been tested negative for HIV at least three months after exposure.

8. Summary

A HIV-PEP starter-pack should always be available so that anti-retroviral treatment can be started as quickly as possible in the occurrence of sexual violence or occupational exposure.

Anti-retroviral therapy as PEP must be taken in the form of three different drugs over a period of 28 days.

HIV-PEP should not be taken without a preceding HIV test; this should always be done after appropriate counselling.

Medical care and supervision of HIV-PEP side effects is indispensable and essential.

The risk of HIV infection for those working in the medical sector is low, but real. Therefore all medical personnel should know how to effectively protect themselves from HIV infection, and know when it is necessary to begin HIV-PEP treatment.

Appropriate arrangements must be made by the organisation responsible for medical personnel.

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