

March 2014

To All New York State Hospitals and Emergency Medical Services Agencies:

One of the greatest successes in the fight against HIV/AIDS has been the administration of post-exposure prophylaxis to prevent infection in cases of occupational exposure to HIV (oPEP). This letter provides updated information about NYS clinical guidelines for administering oPEP and to clarify Federal and State laws that impact the provision of oPEP to emergency responders.

It is important to be familiar with the following documents when establishing hospital and EMS agency policies and procedures related to administering oPEP for emergency responders, in cases where the source patient was transported by the EMS agency to the hospital:

- “Notification of Possible Exposure to Infectious Diseases” in the Ryan White HIV/AIDS Treatment Extension Act of 2009 – Link (relevant part begins on page 13 of 19):
<http://www.cdc.gov/niosh/topics/ryanwhite/pdfs/RyanWhiteActof2009.pdf>
- NYS Public Health Law and Part 63 of State health regulations (updated in 2010) – Link: <http://www.health.ny.gov/diseases/aids/providers/testing/index.htm>
- Updated clinical guidelines regarding occupational exposure to HIV that reflect the latest developments in science and medicine (Updated 2014)– Link: <http://www.hivguidelines.org/pep-for-hiv-prevention/>

In October 2012 the NYS Department of Health (NYSDOH) AIDS Institute’s Clinical Guidelines program updated its HIV oPEP guidelines. Highlights from this update include:

- Change in the preferred initial PEP regimen to tenofovir + emtricitabine* plus raltegravir because of its excellent tolerability, proven potency in established HIV infection, and ease of administration;
- Initiation of oPEP medications as soon as possible, ideally within 2 hours of exposure;
- Plasma HIV RNA testing of the source patient if the source patient’s rapid HIV test result is negative but there has been a risk for HIV exposure in the previous 6 weeks;
- Voluntary baseline HIV testing of the exposed worker should be recommended and obtained even if the exposed worker declines oPEP;

- HIV testing of the exposed worker should be conducted at 4 weeks and 12 weeks. A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to the occupational exposure; routine testing at 6 months post-exposure is no longer recommended.

It is essential that hospitals and EMS agencies work together to meet these clinical guidelines. Federal and State mandates are different but related.. The most significant issues with differing Federal and State law include: 1) source patient testing for HIV, hepatitis B and hepatitis C; 2) the response time for providing the HIV test result of the source patient; and 3) the appointment of a Designated Officer to manage the response to occupational exposures. The attached chart was developed to summarize the Federal and State legal requirements and to suggest a course of action which meets these legal mandates in a manner that is consistent with the latest clinical guidelines.

Rapid action is of utmost importance in responding to an occupational exposure. The latest data indicate the highest level of efficacy in preventing infection when medication is initiated within 2 hours. Accomplishing this requires a high level of coordination and collaboration between hospitals and EMS agencies. The NYS DOH recommends that EMS agencies and hospitals work together in a proactive manner to ensure that systems are in place to rapidly respond to any instance of occupational exposure.

If you have any questions regarding this letter or attachment, please feel free to contact Lyn Stevens, MS, NP, ACRN by email at lcs02@health.state.ny.us or call 518-473-8815.

Sincerely,

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Attachment

Federal and State Law in Addressing Occupational HIV Post Exposure Prophylaxis for Emergency Responders

	Ryan White Treatment Extension Act	NYS Public Health Law (PHL)	Suggested Actions
Source Patient HIV Status and Testing	Not specifically mentioned	In cases of significant exposure, NYS law grants access to the HIV test history in the medical record of the source patient and, as needed, facilitates the offer of voluntary HIV testing of the source patient ASAP. Source patients should be offered testing for HIV, Hepatitis B and Hepatitis C ASAP as you would do for any occupational exposure.	Accessing the HIV test history or current HIV test result of the source patient should take place as soon as possible to facilitate decision-making with regard to starting oPEP medication; however, clinical guidelines recommend beginning oPEP medication within 2 hours even if access to HIV test result of the source patient is not available. Anonymous testing may be done if the source patient does not have the capacity to consent. For more information see the HIV Testing FAQ's - Question 54 http://www.health.ny.gov/diseases/aids/testing/law/faqs.htm
Response Time for Provision of Source Patient's HIV Test Result	Hospital Designated Officers (DOs) are required to respond to a request from the EMS DO as soon as is practicable, but not later than 48 hours.	Encourages provision of HIV test history in the medical record or new HIV test result ASAP.	Information about the source patient's HIV status should be provided ASAP; 48 hours is the absolute outer legal limit.
Designated Officer (DO)	The Ryan White law requires that EMS agencies and hospitals identify a Designated Officer whose duties include: <u>EMS DO:</u> collecting facts about the exposure; evaluating the exposure; when necessary, submitting a request for relevant facts about the source patient to the hospital. <u>Hospital DO:</u> collecting facts about the exposure; evaluating the exposure; responding to requests from the EMS agency DO about facts, including relevant information about the source patient.	Not required by NYS PHL. NOTE: In cases of occupational exposure, New York State Public Health Law allows for direct communication between the medical provider of the exposed worker and medical provider of the source patient.	Agency DOs need to proactively communicate about occupational exposures with agencies with which they anticipate working. Name of the DO and their contact information should be shared between agencies.