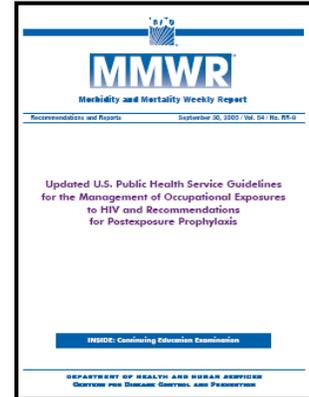


Updated Recommendations for HIV Postexposure Prophylaxis (12/05)

Centers for Disease Control and Prevention. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis. MMWR 2005;54(No. RR-9):1–17.

This report updates U.S. Public Health Service (USPHS) recommendations for the management of health-care personnel (HCP) who have occupational exposure to blood and other body fluids that might contain human immunodeficiency virus (HIV). Although the principles of exposure management remain unchanged, recommended HIV postexposure prophylaxis (PEP) regimens have been changed. This report emphasizes adherence to HIV PEP when it is indicated for an exposure, expert consultation in management of exposures, follow-up of exposed workers to improve adherence to PEP, and monitoring for adverse events, including seroconversion. To ensure timely postexposure management and administration of HIV PEP, clinicians should consider occupational exposures as urgent medical concerns.



DECS Comment: In 2001 the CDC published guidelines for the management of occupational exposures to hepatitis B virus, hepatitis C virus, and HIV and recommendations for PEP in one document. The 2005 Guidelines only update the HIV recommendations and do not apply to Hepatitis B and Hepatitis C. For Hepatitis B and C PEP, the 2001 guidelines should still be referenced. Since publication of the 2001 guidelines, new antiretroviral agents have been approved by the Food and Drug Administration, and additional information has become available regarding the use and safety of HIV PEP. This report modifies and expands the list of antiretroviral medications that can be considered for use as PEP. This report also emphasizes prompt management of occupational exposures; selection of tolerable regimens; attention to potential drug interactions involving drugs that could be included in HIV PEP regimens and other medications; consultation with experts for postexposure management strategies (especially determining whether an exposure has actually occurred) and selection of HIV PEP regimens; use of HIV rapid testing; and counseling and follow-up of exposed personnel. All occupational exposure incidents should be treated as medical emergencies and be taken care of immediately, therefore it is essential that dental clinics have a written plan for managing occupational exposure incidents and have identified a qualified health-care professional* to evaluate the incident and provide follow-up. If indicated, HIV PEP should be initiated as soon as possible, preferably within hours rather than days of exposure.

Both the 2001 and 2005 CDC PEP guidelines are available by visiting the CDC Web site at http://www.cdc.gov/HAI/prevent/prevent_pubs.html.

*A qualified health-care professional is any health-care provider who can provide counseling and perform all medical evaluations and procedures in accordance with the most current recommendations of the USPHS, including postexposure chemotherapeutic prophylaxis when indicated. In addition, the health-care provider should be familiar with the unique nature of dental injuries so they can provide appropriate guidance on the need for postexposure prophylaxis.