

EXPLANATION:

The Ryan White law (Ryan White Comprehensive AIDS Resources Emergency Act of 1990) was implemented in 1994.

The NYS Confidentiality Law (Public Health Law, Article 27-D) went into effect in 1989 and has been amended several times. The regulations to implement this law are in New York Code of Rules and Regulations Part 63.

The Centers for Disease Control and Prevention published guidelines for Post Exposure Prophylaxis for Occupational Exposure for the first time June 7, 1996. The most current revision is dated June 29, 2001 and can be viewed at www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

The New York State Department of Health (NYS DOH) AIDS Institute published guidelines for Post Exposure Prophylaxis following Occupational Exposure with the latest version dated 12/2004. These guidelines may be viewed at http://www.hivguidelines.org/public_html/oe/oe.pdf

Since the publication of the Ryan White Law there has been much scientific advancement in HIV disease. Two advancements that profoundly effect post exposure management are the recommendations for instituting post exposure medications in a timely manner and rapid HIV testing technologies.

1. Timely implementation of PEP

Role of Pathogenesis in Considering Antiretroviral Prophylaxis. Information about primary HIV infection indicates that systemic infection does not occur immediately, leaving a brief window of opportunity during which postexposure antiretroviral intervention might modify or prevent viral replication. In a primate model of simian immunodeficiency virus (SIV) infection, infection of dendritic-like cells occurred at the site of inoculation during the first 24 hours following mucosal exposure to cell-free virus. Over the subsequent 24--48 hours, migration of these cells to regional lymph nodes occurred, and virus was detectable in the peripheral blood within 5 days (110). Theoretically, initiation of antiretroviral PEP soon after exposure might prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes. (CDC- June, 2001)

New York State guidelines recommend PEP should be initiated as soon as possible, ideally within 2 hours and generally no later than 36 hours post-exposure.

2. Rapid HIV Testing Technology

If HIV serostatus of the source is unknown, voluntary HIV testing of the source should be sought. In New York State, specific informed consent for HIV testing is required.

If rapid blood testing is available on site, it should be used to determine the HIV status of the source patient. Results are usually available within 30 minutes of testing. Rules regarding confidentiality and consent for testing are identical to those for other HIV tests.

If the result from testing the source patient is not immediately available and PEP is indicated based on assessment, the initiation of PEP should not be delayed pending the test result.

Conclusion:

With the NYS DOH recommendation that PEP be initiated within 2 hours and generally no later than 36 hours and the ability to test the source patient with a rapid testing technology it is important that hospitals revisit their policies regarding emergency responders.

Recommendation:

1. Upon receipt of request from DO you immediately locate the patient record and determine the possibility of HIV disease from history and approach the source patient for HIV testing. The 48 hour response time is no longer acceptable or ethical in light of our current knowledge.

Respond to the DO as soon as possible with the result of the HIV testing and or chart review so a timely decision may be made regarding post exposure prophylaxis.