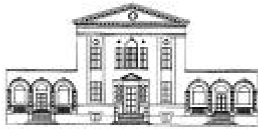
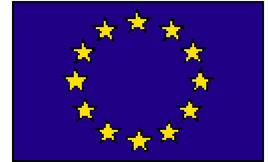


EUROPEAN REGISTRY FOR OCCUPATIONAL HIV POST-EXPOSURE PROPHYLAXIS



Health Care Worker Occupational Exposure Form

Anonymous exposure ID ______________ (country) ______________ (number)

Date of exposure ___/___/_______ [A1] **Time** ___,___ [A2]

Characteristics of exposed HCW Sex: F ❑ [B1] M ❑ [B2] Age _____ [C1]

Professional qualification of HCW

- **MD** (attending/staff) ---------❑[D1]
- **MD** (intern/resident/fellow) ---❑[D2]
- **Medical Student** --------------❑[D3]
- **Student nurse** -----------------❑[D4]
- **Nurse** -------------------------❑[D5]
- **Nurse aid** --------------------❑[D6]
- **Technician** -----------------❑[D7]
- **Housekeeper** ----------------❑[D8]
- **Midwife** ---------------------❑[D9]
- **Other**, specify -------------❑[D10] ________________________

Work Area

- **Medicine** ---------------------❑[E1]
- **Surgery** ----------------------❑[E2]
- **Infectious Diseases** ----------❑[E3]
- **Intensive/critical care** ------❑[E4]
- **Emergency department**--------❑[E5]
- **Laboratory** -----------------❑[E6]
- **Other**, specify -------------❑[E7] ________________________

Does the HCW work in the same clinical centre/hospital, where the initial dose of PEP was provided? Yes ❑ [F1] No ❑ [F2]

Route of Exposure

- **Needlestick** ---------------- ❑[G1]
- **Cut** ------------------------ ❑[G2]
- **Mucousal contamination** ----- ❑[G3]
  site ________________________
- **Broken skin** (non-intact) **contamination** -------------- ❑[G4]
- **Intact skin Contamination** ❑[G5]
- **Bite**----------------------❑[G6]
- **Scratch** (with nails)------❑[G7]
- **Bruise/abrasion** (fight)---❑[G8]

Which biological material was involved in the exposure

Code _____ [H1] **description in case of code 14** ____________________ [H2]

1:Blood
2:amniotic fluid
3:cerebrospinal fluid
4:gastric fluid
5:pericardial fluid
6:peritoneal fluid
7:pleuric fluid
8:saliva/phlegm
9:sperm
10:synovial fluid
11:urine
12:vaginal secretions
13:vomit
14:other (describe)

Place a checkmark in the box if the exposure presents one or more of the following characteristics (case control study):

- **Deep injury/puncture** (with or without bleeding)-------------------❑[I1]
- **Visible blood on the surface of the device involved in the exposure** ---❑[I2]
- **Device used previously in the vein or artery of the source patient** (i.e. a needle used for blood drawing) ---------------------------------❑[I3]

European Project: "Standardization of management of occupational exposure to HIV/blood-borne infections and evaluation of post-exposure prophylaxis in Europe" .SI2.322294

Characteristics of the source patient

Known source patient: No ❑ [J1] Yes ❑ [J2]

Serostatus for HIV known at the time of exposure: No ❑ [K1] Yes ❑ [K2]

If yes: Positive ❑ [K3] Negative ❑ [K4]

If not, HIV test performed after the exposure No ❑ [L1]

Yes: by Traditional ❑ [L2] rapid ❑ [L3] assays

Result: Positive ❑ [L4] Negative ❑ [L5]

HCV Positive ❑ [M1] Negative ❑ [M2] Unknown ❑ [M3]

HBs Ag Positive ❑ [N1] Negative ❑ [N2] Unknown ❑ [N3]

If HIV positive

HIV1 ❑ [O1] HIV2 ❑ [O2]

AIDS diagnosis No ❑ [O3] Yes ❑ [O4] Unknown ❑ [O5]

Current clinical stage

Primary/Acute HIV infection ❑ [P1] Asymptomatic ❑ [P2] Symptomatic ❑ [P3]

Latest values

CD4 [P4] cell/mm^3 __________ date __/__/___ Unknown ❑ [P5]

Viral load [P6] cp/ml __________ date __/__/___ method ____________

(plasma HIV-RNA) detection limit _________________ Unknown ❑ [P7]

Regarding ART, at the time of the exposure the source patient was:

Never treated ❑ [Q1] At first treatment ❑ [Q2] Experienced ❑ [Q3]

Current treatment

drugs (abbreviation) ______/______/______/_____ [Q4] from __/__/_____ [Q5]

Previous treatments [R1]				suspected[1]/documented[2] resistances	
NRTI	❑ Abacavir	ABC	Ziagen	S ❑	D ❑
	❑ (ABC/AZT/3TC)	TRZ	Trizivir	S ❑	D ❑
	❑ Didanosine	ddI	Videx	S ❑	D ❑
	❑ Lamivudine	3TC	Epivir	S ❑	D ❑
	❑ Stavudine	d4T	Zerit	S ❑	D ❑
	❑ Tenofovir	TNV	Viread	S ❑	D ❑
	❑ Zalcitabine	ddC	Hivid	S ❑	D ❑
	❑ Zidovudine	AZT	Retrovir	S ❑	D ❑
	❑ Zidovudine/Lamivudine	AZT/3TC	Combivir	S ❑	D ❑
PI	❑ Amprenavir	AMP	Agenerase	S ❑	D ❑
	❑ Indinavir	IDV	Crixivan	S ❑	D ❑
	❑ Lopinavir	LPV	Kaletra	S ❑	D ❑
	❑ Nelfinavir	NFV	Viracept	S ❑	D ❑
	❑ Ritonavir	RTV	Norvir	S ❑	D ❑
	❑ Saquinavir	SQV	Invirase/Fortovase	S ❑	D ❑
NNRTI	❑ Delavirdine	DLV	Rescriptor	S ❑	D ❑
	❑ Efavirenz	EFV	Sustiva/Stocrin	S ❑	D ❑
	❑ Nevirapine	NVP	Viramune	S ❑	D ❑

[1] presumed because of clinical/virological/immunological failure
[2] documented because of resistance test

Prophylaxis

Start: Date__/__/____ [S1] **Time**___,___ [S2]

Reasons for PEP (only if source patient is HIV negative): [S3]

____

____

Specify particular conditions that have influenced the choice of regimen:

- **resistance in the source** (please fill the previous section) ❑ [s4]
- **underlying disease**(s)**in the HCW** ❑ [s5]
- **pregnancy** ❑ [s6]
- **drugs interaction**(s) ❑ [s7]
- **other**, specify ______________________________ [s8]

Report all prescribed drugs and changes in dosage or drug: [s9]

Drug	Dose (mg)	Daily dose Frequency	Start dat dd/mm/yy	Stop date dd/mm/yy	Change of PEP[1]	Reason(s) for change	Compliance

[1] Change: 0 = No change; 1 = Reduction; 2 = Interruption; 3 = Discontinued.

[2] Reasons for change: 1 = Adverse reactions; 2 = Patient's choice (not for adv. reac.); 3 = Source person is HIV negative; 4 = drop out/lost to FU; 5 = Other (specify).

[3] Compliance: Number of pills taken/Total number of pills prescribed, the day before the follow-up visit (at the patient interview)

1 = <80%; 2 = 80-99%; 3 = 100%.

Adverse reactions to drugs

Indicate any relevant adverse reactions during treatment, either reported by the patient or observed by the physician.

[T1]

Adverse reaction	Start date dd/mm/yy	End date dd/mm/yy	Suspected drug
Anorexia			
Dizziness			
Dyspepsia/Abdominal pain			
Fatigue			
Headache			
Nausea/Vomit			
Rash			
(other)			
(other)			

Symptomatic drugs to overcome adverse reactions: No ❑ [T2] Yes ❑ [T3]

Laboratory test results

Time (days)	Baseline	1st control	Other control	Other control
Date				
White blood cell count /ml [U1]				
Red blood cell count x10³/ml [U2]				
Haemoglobin [U3]				
MCV [U4]				
Platelets [U5]				
Total granulocytes [U6]				
AST [U7]				
ALT [U8]				
Amilase [U9]				
Creatinine mg/dl [U10]				
Glucose mg/dl [U11]				
(Other) [U12]				

Frozen lymphocytes ❑ Yes [V1] ❑ No [V2]
Frozen serum ❑ Yes [V3] ❑ No [V4]

Please complete this form and send it to the following address at the end of the PEP:

ISTITUTO NAZIONALE PER LE MALATTIE INFETTIVE
IRCCS "Lazzaro Spallanzani"
Dr. Vincenzo Puro
Dipartimento di Epidemiologia
Via Portuense 292
00149 Roma, Italy

Fax:+39065582825
e-mail: irapep@inmi.it