



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY
SPECIAL OPERATIONS COMMAND
FORT BRAGG, NORTH CAROLINA 28310-9110

AOMD

18 November 2013

MEMORANDUM FOR Commanders, Major Subordinate Commands/Units Reporting Directly to USASOC

SUBJECT: USASOC HIV Post-Exposure Protocol (PEP)

1. References.

a. USASOC Regulation 525-1, Reporting Structure and Formats, 25 Feb 03.

b. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposure to Human Immunodeficiency Virus and Recommendations for Post-Exposure Prophylaxis; Infection Control and Hospital Epidemiology 2013;34(9):875-892.

c. AR 600-110, Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV), 17 Aug 12.

2. Infection with HIV remains a serious medical condition. The ability to rapidly identify exposure to blood or body fluids that are HIV antibody positive is an important step in future clinical decision making.

a. Oraquick® is the only FDA approved test that rapidly detects antibodies to HIV-1/2 in saliva. The test is highly accurate with an estimated sensitivity of 99.9% (rare false negative results) and a specificity of 100% (very rare false positive results). Due to its ease of use and accuracy, Oraquick® is the recommended test for rapid HIV exposure testing.

b. DoD uses the Western blot (blood test) as the "gold standard" for the diagnosis of HIV infection. Service members or exposure sources with a positive Oraquick® will be "presumed" positive until confirmatory testing is completed.

3. All exposures within CONUS will be referred to the local medical treatment facility for appropriate evaluation and treatment.

4. All exposures within deployed ARSOF will be evaluated for HIV post-exposure prophylaxis.

a. The following are considered significant exposures:

(1) Blood or body fluids on mucous membranes (eyes, mouth) or non-intact skin (cuts, abrasions).

(2) Blood or body fluids injected via a needle stick or other sharp object.

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b. The following are NOT considered to be significant exposures:

- (1) Blood or body fluids on unbroken, intact skin surfaces.
- (2) Casual superficial contact with an HIV infected individual.

5. When a significant exposure occurs and mission permits, the source should be tested for HIV antibodies using the Oraquick® Rapid HIV test. In high-risk situations do not delay the initiation of post-exposure prophylaxis if a test kit is not available.

a. Upon exposure, the site should be vigorously irrigated for 15 minutes with clean or sterile water and then washed with soap and water.

b. In the following situations, drug prophylaxis should be initiated as soon as possible, ideally within 2 hours of exposure. There is still benefit if treatment is initiated within 72 hours of initial exposure.

- (1) Exposure source is known to be HIV positive.
- (2) Exposure source test result is positive.

(3) Exposure source testing is unable to be completed and the risk of HIV transmission is high (consider medical intelligence and type of exposure).

c. If post-exposure prophylaxis is initiated, arrangements for non-urgent evacuation back to CONUS should be made due to the potential impact of the drug side effects on an individual's performance. Appropriate reporting verbiage to maintain medical privacy for evacuation and reporting is, "Potential high risk exposure to an infectious disease".

d. IAW reference a, page A-7, paragraph 9.b. an HIV exposure incident is an OPREP-3 reportable event.

e. There are multiple PEP regimens available, recommend following a drug regimen IAW reference b. Once initiated, the drug treatment will continue until advised to stop or modified by an Infectious Disease or other appropriate medical specialist.

f. Medical officers planning on implementing HIV post-exposure prophylaxis should carefully consider each of the drugs available and their potentially serious side-effects.

g. Soldiers with an exposure should have a baseline Oraquick® test performed. Further testing, through a US military Medical Treatment Facility should be done at 4 weeks, 3 months and 6 months post-exposure. This should be done regardless if drug prophylaxis was used.

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6. In the event of a positive test result, the Soldier will be referred to the appropriate clinics (Preventive Medicine and Internal Medicine/Infectious Disease) for counseling and management IAW reference c and any other applicable policies or protocols.

7. To prevent accidental exposure to blood borne pathogens, the following precautions should be taken:

a. Use of personal protective measures (specifically gloves and eye protection) when contact with body fluids is likely.

b. Use of a face shield during surgical procedures.

c. Use of a one hand technique if recapping needles is necessary.

8. There are blood borne pathogens of concern other than HIV that Soldiers exposed to HIV need to be appropriately evaluated for.

9. Surgeons and medical officers at each level of command must ensure that their medical personnel are proficient in performing rapid HIV testing and initiating antiviral treatment. Surgeons must establish procedures and guidance appropriate to carrying and administering HIV PEP medications and test kits.

10. National Stock Number (NSN) and catalog data provided is based on Defense Logistics Agency publications. The catalog IDs used by your supporting facility may vary. If the unit is not able to utilize the NSN, the supporting MTF should be able to use the National Drug Code (NDC) and Manufacturer Part Number to find the local catalog information.

Oraquick® Control Immune HIV-1/2 Antibody: Utilize NSN 6550-01-529-2236 which is linked to Manufacturer Part Number 1001-0077

11. Point of contact is the Force Health Protection Branch, ODCS, Surgeon 910-432-9884 (DSN 239-9884).



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