BACKGROUND INFORMATION FOR INJURED STAFF MEMBER

Exposure to blood and certain other body substances from a patient with HIV infection may result in transmission of the HIV virus. However, studies of health care workers exposed to infected blood have demonstrated that transmission is uncommon, occurring at a rate of about 0.3% for definite exposures and only after there has been a deep penetrating injury with injection of infected blood, or contamination of damaged skin or mucous membranes by a large volume of blood.

Currently there is no established method of preventing infection by HIV following transmission of the virus. However, research indicates that the risk of infection may be reduced by giving drugs known as Antiretroviral agents such as Zidovudine (AZT) shortly after exposure.

Should the attending Medical Officer recommend Antiretroviral Therapy for you, the following information will assist you in making an informed decision about whether or not to take Antiretroviral Therapy.

POINTS TO CONSIDER

• The incidence of occupationally acquired HIV infection is low at approximately 3 in 1000 (0.3%).
• The risk of HIV infection is dependent upon the nature and extent of the exposure.
• Knowledge regarding the effectiveness and toxicity of Antiretroviral Therapy is limited.
• Data regarding toxicity in relation to prophylactic Antiretroviral Therapy in persons without HIV infection or those who are pregnant is limited.
• Side effects of Antiretroviral Therapy include bloating, diarrhoea, nausea and/or headaches. Less common side effects include anaemia and reduced white cell count.
• Should you decide to take prophylactic Antiretroviral Therapy, you must inform the Medical Officer of any drugs you are currently taking. Female workers must inform the Medical Officer if they are, or think they might, be pregnant as the effect of Antiretroviral Therapy on the foetus is unknown.
• Counselling services can be provided to you, if required.
• Subsequent follow-up is essential, regardless of whether or not Antiretroviral Therapy is administered. IT IS YOUR RESPONSIBILITY TO ENSURE YOU ATTEND THESE APPOINTMENTS. Follow up should be with an Infectious Diseases Physician or Specialist Medical Officer.

I ……………………………………………….have read the above information and discussed the use of prophylactic Antiretroviral Therapy with

Dr…………………………………………Signature……………………Date ………………..Time …………
(Attending Medical Officer - Print Name and Sign)

After considering the available information, I have decided TO / NOT TO take prophylactic Antiretroviral Therapy.

Signed……………………………………………………..Date …………..………………..Time ……………….

Witness………………………………………………(Print Name)

Signature……………………………………………………..Date …………..…………………..Time ………………..
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**Points to consider**

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- Counselling services can be provided to you, if required.
- Subsequent follow-up is essential, regardless of whether Antiretroviral Therapy is administered or not. **It is your responsibility to ensure you attend these appointments.** Follow up should be with an Infectious Diseases Physician or Specialist Medical Officer.

**If you decide to take prophylactic Antiretroviral Therapy**

- Take the medicine **exactly** as directed by your doctor. Do not take more than as prescribed.
- Do not stop taking this medicine without checking with your doctor first.
- Space doses evenly throughout the day and night – complete the full course as prescribed.
- Avoid missing doses as these medications are most effective when there is a constant amount in the blood.
- These medications may interact with other medications you are taking. It is important that your doctor is aware of all the medications you currently take.
- These medications are not usually available from your local community pharmacy and you will need to have your ongoing supply of medication dispensed from a public hospital or clinic. Your doctor will advise your nearest contact pharmacy.