

UNSMS

Security Management Operations Manual



Chapter VIII

GUIDELINES ON THE MANAGEMENT OF HIV POST-EXPOSURE PROPHYLAXIS (PEP) KITS

United Nations Security Management System

Guidelines on the Management of HIV Post-Exposure Prophylaxis (PEP) Kits (Revised January 2021)

A. Introduction

1. Under the leadership of the UN Medical Directors (UNMD), with support from the Public Health section of Division of Healthcare Management and Occupational Safety and Health (DHMOSH), HIV Post-Exposure Prophylaxis (PEP) Kits are procured globally, on an interagency basis and are distributed approximately once every two years to Designated Officials in countries where rapid universal access to HIV PEP cannot be reliably assured through local health systems. This document outlines administrative responsibilities with relation to HIV PEP Kits.
2. These guidelines should be read in conjunction with the document “UN MEDICAL DIRECTORS GUIDELINES FOR USE OF UN-ISSUED HIV POST- EXPOSURE PROPHYLAXIS (PEP) KITS FOR OCCUPATIONAL/NON-OCCUPATIONAL HIV EXPOSURE OCCURRING IN UN PERSONNEL AND DEPENDENTS” available at https://hr.un.org/sites/hr.un.org/files/HIV_PEPKitGuidelines_2020-01-23_FINAL_Cln_0.pdf
3. The relevant fundamental principle is that UN Security Management System personnel and their eligible dependents should have rapid and reliable access to HIV PEP, if required, as a means of managing personal and organizational risks.

B. Aim

4. Making HIV PEP Kits available and accessible at country level requires actions by persons in several roles. This document outlines the scope of those required actions and the roles to undertake them at country level.

C. Eligibility

5. HIV Post-Exposure Prophylaxis (PEP) Kits are available for the immediate treatment of UN Security Management System personnel (including long-term, short-term, SSA and others) and eligible dependents, who may have been exposed to HIV infection, regardless of means of exposure.
6. For medical reasons, HIV PEP Kits are not available to personnel or recognized dependents¹ who are already living with HIV.
7. PEP treatment is a serious medical intervention with potentially significant side effects and whose administration requires physician oversight. UN system personnel are therefore expected to use all precautionary measures to avoid any possible exposure to HIV. This includes exercising responsible sexual behavior.

¹ Standard PEP Kits are intended for individuals over the age of 12. Guidance on pediatric protocol for PEP can be found in the document “HIV Post-Exposure Prophylaxis (PEP) in the United Nations: UN Medical Directors Guidelines for use of UN-Issued HIV Post-Exposure Prophylaxis (PEP) kits for Occupational/Non-Occupational HIV Exposure Occurring in UN personnel and dependents” available at https://hr.un.org/sites/hr.un.org/files/HIV_PEPKitGuidelines_2020-01-23_FINAL_Cln_0.pdf .

8. The PEP Kits may only be used if:
 - i. The attending physician, following their risk assessment evaluation of the patient, recommends starting HIV PEP;

OR

- i. In the case of an isolated location without access to a physician, the person requiring HIV PEP should follow guidelines provided in the “Patient Information Sheet 4” of the Guidelines that come with every Kit. The guidelines provide that the individual should call a Centre of Excellence on HIV (as listed in the UN Country HIV PEP Protocol, which the United Nations in every country should establish). A medical provider at the Centre of Excellence should then perform a risk assessment over the phone or radio. If medical provider cannot be reached, the person requiring HIV PEP kit should contact their organization’s headquarters Medical Service emergency line or email dos-dhmosh-hiv@un.org

D. Country-Level Distribution of PEP Kits

9. HIV PEP Kits are distributed to UN offices in accordance with the locations indicated in Table 1. The location where Kits are distributed to should be reviewed by the Security Management Team (SMT) annually and, if necessary, adjusted on the basis of an up-to-date Security Risk Management process taking into consideration:
 - i. Level of risk of exposure to HIV in the area covered by each UN location, which may depend on national HIV prevalence, frequency of sexual violence and other factors.
 - ii. Degree of isolation of each UN location, defined as difficulty of *guaranteeing* evacuation of exposed staff member to a place where HIV PEP can be given within 10 hours (taking into account risk of transport being delayed by weather conditions, military activity or other circumstances).
 - iii. Number of staff in the duty station.

E. Responsibilities

10. The United Nations HIV PEP Kit Management Framework, in Appendix 1, outlines the roles and responsibilities of various actors at global, regional and country levels in relation to UN PEP Kit management.
11. Within the Security Management System, Designated Officials, Chief Security Advisors and HIV PEP Kit Custodians have important roles to play in carrying out and/or facilitating various actions at country level, which include, among others: acknowledging receipt of PEP Kits; designation of a HIV PEP Kit Manager; designation and briefing of HIV PEP Kit custodians and their alternates; drafting of country-specific lists of PEP Kit Custodians (Table 1) and Centre of Excellence (Table 2); distribution of these lists to all UN Security Management System personnel; reporting on usage of kits; requests to replace used kits; and destruction or return of expired kits when they have been replaced.

12. Therefore, Designated Officials, Chief Security Advisers and HIV PEP Kit Custodians should familiarize themselves with the United Nations System HIV PEP Kit Management Framework and ensure that the responsibilities listed therein are carried out on an ongoing basis.

APPENDIX 1 – United Nations HIV PEP Kit Management and Responsibility Chart

Role	Responsible Party	Areas of Responsibility
Global-Level Functions		
Overall Management of HIV PEP Kits	Public Health Section of UN’s Division for Healthcare Management and Occupational Safety and Health(DHMOSH)	United Nations Secretariat DHMOSH’s Public Health Section provides overall coordination of all aspects of HIV PEP Kit management globally.
Technical Expertise	WHO HIV/AIDS Department	WHO HIV/AIDS Department will provide global technical expertise to the HIV PEP and HIV treatment working group of the UNMDWG that includes: <ul style="list-style-type: none"> i. Recommendation on the treatment therapy to include in the Kits. ii. Providing technical inputs to UN system HIV PEP-related documents, as needed.
Governance and Oversight	United Nations Medical Directors	The UNMD will have final approval of PEP kit medication and treatment length based on: <ul style="list-style-type: none"> i. Recommendations and inputs from the WHO HIV/AIDS Department. ii. Comparative efficacy of the options proposed by WHO, including comparison to efficacy of currently held stock. iii. Comparative Costs of different options (influenced by product cost, shelf-life and available packaging options). iv. Costs of changing (if applicable) e.g., write-off costs of held stock. v. Possible impacts on client behavior with follow-up engagement and treatment compliance (e.g., length of treatment, known side effects). vi. Feasibility of implementation in the UN operating environment.
Global Procurement of Kits	DHMOSH Public Health Section	DHMOSH Public Health Section will coordinate all the processes involved with the biennial global procurement of the kits.
Global Distribution of Kits	DHMOSH Public Health Section	DHMOSH Public Health Section will handle distribution of Kits by Pouch to all field offices. DHMOSH will also hold a stock of Kits which will be sent to countries as replacements, when Kits are used, and a reporting form is received by DHMOSH.
Country-Level Functions		
Overall availability and access to PEP Kits within the Country	Designated Official	The UN Designated Official for security will facilitate ensuring that PEP Kits are available in ALL locations with a UN presence in the country, especially in those from which return to a location where Kits are kept cannot be reliably ensured within 10 hours.
Assigning Country-Level Management and Custodianship of Kits.	Designated Official	Designated Officials will facilitate ensuring that both a PEP Manager and PEP Kit custodian/s and their alternates have been assigned.
	Country PEP Manager	Under delegated authority from the Designated Official, the Country PEP Manager (preferably the Chief Security Adviser) has the responsibility of facilitating that PEP Custodians and their alternates have been assigned for all UN locations in the country. The PEP Manager will prepare and present a list of nominated PEP Kit Custodians (Table 1) for the approval of the Security Management Team. Only an individual with a UN contract (including UN Examining Physicians) may be designated as a UN PEP

		<p>Custodian.</p> <p>PEP custodianship does not need any healthcare training or background, though if UN medical services personnel are available to be custodians this is recommended.</p> <p>HIV PEP custodians must however be accessible at all times to guarantee HIV PEP accessibility throughout the year. Where there are, preference for designation as HIV PEP Kit custodian should be on UN personnel with health care training. Otherwise, UN personnel with staff safety and security responsibility should be designated as PEP Kit custodians.</p> <p>The Security Management Team however has the discretion to choose any UN personnel who meet availability requirement, for designation as a HIV PEP Custodian.</p>
Establishing United Nations HIV Country PEP Protocol	Designated Official and PEP Manager	<p>The UN Designated Official for security will facilitate ensuring that HIV PEP protocols has been included as an annex to the relevant Security Plans, using the available Table 1 and 2, at the end of this document.</p> <p>Responsibility for ensuring that the HIV PEP protocols have been drafted, using the available Tables 1 and 2, and that the protocols have been approved by the Security Management Team will be delegated to the HIV PEP Manager for the country.</p> <p>The PEP Manager should also ensure that the approved HIV PEP protocols, and completed Table 1 and 2 are included as a Annex to the Country Security Plan, and is distributed to all UN personnel and submitted to DHMOSH at dos-dhmosh-hiv@un.org.</p>
Training of PEP Kit Custodians	Country PEP Manager	<p>The PEP Manager, is responsible for ensuring that training is provided to all PEP Kit Custodians, using the custodian training guides and/or webinar available at https://hr.un.org/page/pep-kit-programme-0</p> <p>All newly designated PEP Custodians should review all guidance documents, training guides and video materials to orient themselves to their role as HIV PEP Kit custodians before receiving PEP Kits.</p>
Notifying all UN personnel about PEP availability and custodians	Country PEP Manager	<p>Working with Chief Security Advisers, PEP managers will ensure that accurate and up-to-date custodian contact information for all PEP Kit custodians is:</p> <ul style="list-style-type: none"> • Included in the list of 24/7 security contacts, • Included in security briefings for all incoming personnel • Available/on display in all Security Operations Centers, and duty staff folders. • Shared with all UNSMS personnel
Proper Care and Storage of PEP Kits	UN PEP Kit Custodians	<p>UN PEP Kit Custodians are responsible for:</p> <ul style="list-style-type: none"> • Safe and proper storage of HIV PEP Kits. HIV PEP Kits contain medication that should be carefully stored according to manufacturer’s specifications. Every HIV PEP custodian has the responsibility of ensuring that PEP Kits under his/her care are safely stored to avoid misuse, theft or vandalism. • Maintaining proper inventory and record of the Kits. This includes promptly recording new stock when received and tracking expiry dates of the contents of the Kit, and log of number of kits administered every month • Ensuring adequate and uninterrupted supply and availability. • PEP custodians must be accessible 24 hours a day through the publicized telephone contacts. • Each custodian must also ensure accessibility of the kits throughout the year and must make proper arrangements for a handover to the alternate custodian prior to leaving the duty station for whatever reason including leave, mission, or on transfer.

Evaluation of administrative eligibility for UN HIV PEP Kit.	UN PEP Kit Custodians	A PEP custodian must carry out a proper evaluation of the administrative right of the person to receive a UN PEP Kit. A UN HIV PEP kit may only be given to an individual with a UN contract and their eligible family members.
		<p>The custodian should also accompany the patient, and only release a Kit, to a Healthcare Provider in accordance with the PEP Annex to the relevant Security Plan, after ensuring administrative eligibility.</p> <p>Under no circumstance should the Kit be released directly to a patient, EXCEPT only if the custodian is a trained healthcare provider and can carry out the needed medical risk assessment, and, if warranted, directly administer HIV PEP treatment.</p> <p>Unless medically trained, a PEP custodian should not perform any risk assessment or make any medical judgement. This should only be done by a trained Healthcare Provider.</p> <p>If a person considering use of the Kit is not able to meet with a health care provider in person or in reasonable time and treatment must be initiated, the custodian should contact a local Centre of Excellence (Table 2)) on HIV by telephone, using the telephone numbers in the PEP annex of the security plan or they contact their organization’s medical services or DHMOSH at dos-dhmosh-hiv@un.org for assistance.</p> <p>Please note that whenever a HIV PEP kit is being administered, all custodians should:</p> <ul style="list-style-type: none"> • Print out a hard copy of the PEP Kit Guidelines to give to the patient, available at https://hr.un.org/sites/hr.un.org/files/HIV_PEPKitGuidelines_2020-01-23_FINAL_Cln_0.pdf • Complete and submit to dos-dhmosh-hiv@un.org the “PEP Kit Custodian/Patient Reporting Form” and the “PEP Kit Physician Assessment Form”. Both forms are available https://hr.un.org/page/pep-kit-programme-0 and are also Annexes in the overarching Guidelines
Treatment eligibility and medical administration of a PEP Kit	Attending Physician OR Trained Healthcare Provider	<p>Only a trained Healthcare Provider should administer PEP treatment.</p> <p>The attending healthcare provider must perform a full treatment eligibility assessment before administering HIV PEP treatment. This must include HIV counselling and testing, and a full risk assessment. For more details of eligibility, see guidelines at https://hr.un.org/sites/hr.un.org/files/HIV_PEPKitGuidelines_2020-01-23_FINAL_Cln_0.pdf</p> <p>The attending healthcare provider should strongly encourage the patient to follow the full course of 28-day HIV PEP.</p>
	PEP Kit Custodian	<p>It is MANDATORY that custodians report usage of every HIV PEP Kit that is used from his/her stock by completing the “Custodian and patient Reporting Form” (Appendix 2), also available at https://hr.un.org/page/pep-kit-programme-0 . It is MANDATORY for the patient to complete the PART A of the Custodian and Patient reporting form. Please note that NO replacement HIV PEP kits will be provided to your duty station if usage forms of the previously used kits are not reported to dos-dhmosh-hiv@un.org</p>

Reporting usage of PEP Kits	Attending Physician or Healthcare Provider	In addition, the treating Physician or Healthcare Provider should submit a completed copy of the <i>“PHYSICIAN ASSESSMENT FORM”</i> (Appendix 3) directly to dos-dhmosh-hiv@un.org .The form can be found at: https://hr.un.org/page/pep-kit-programme-0 . Where the custodian is the attending physician, they must complete the Physician assessment form in addition to the custodian reporting form.
	PEP Custodian and Country PEP Manager	For every Kit used, HIV PEP Custodian should report the usage to the Country PEP Manager, who will coordinate the replacement of the used kit with new one. According to usage history and inventory, the country PEP manager will coordinate the replacement of used kits for the country and should place a request for replacement by sending an email to dos-dhmosh-hiv@un.org . A replacement kit will only be sent once the reporting forms of previously used kits has been received.
Treatment follow-up	PEP Kit Custodian and the Patient	When completing the HIV PEP Kit usage reporting form, the PEP Kit custodian should inform the patient that upon receipt of the reporting form, a UN health care worker may contact the patient for the purpose of providing support.
Donation of unused kits before they expire	Not possible	Any such donation would need to follow the WHO guidelines on the same, which specify that there must be at least a one-year shelf life on any medications donated. For this and several other reasons, it is not practically possible to donate unused kits to any other organizations.
Destruction of expired kits	Current guidelines request field offices to do this, according to usual methods for destruction of expired medicines as defined by the national medical authority in each country.	In the event a custodian is not sure how to destroy the kits, they may be returned to WHO Medical Services, Geneva for destruction, as noted below. The cost for such return is to be covered by the sending office. Dr Caroline Cross , Director Staff Health and Wellbeing Department Tel. direct: +41 22 791 3040 Email: crossc@who.int World Health Organization 20, Avenue Appia CH-1211 Geneva 27 Switzerland

TABLE 2: RECOMMENDED MEDICAL CENTRES WITH EXPERTISE IN HIV
IN [COUNTRY/DUTY STATION/MISSION NAME: _____]

(List the contact details of local medical centers/facilities with expertise in HIV management in your mission, duty stations or country.
 For reference and guidelines on PEP Kit use, please see <https://hr.un.org/page/pep-kit-programme-0> .)

a) Recommended medical centers/facilities with expertise in HIV management - contact details in Capital City:

Name of Institution	Physical Address	Institution's Telephone Number	Recommended Contact Person (eg: particular doctors)	Contact Person's Telephone number and email address

b) Recommended medical centers/facilities with expertise in HIV management - contact details outside Capital City:

Name of Institution	Physical Address	Institution's Telephone Number	Recommended Contact Person (eg: particular doctors)	Contact Person's Telephone number and email address

APPENDIX 2

**UNITED NATIONS HIV POST-EXPOSURE PROPHYLAXIS (PEP) KIT PROGRAM
CUSTODIAN AND PATIENT REPORTING FORM**

Instructions: The patient should complete Part A and return to the custodian before PEP kit is given to the patient. By completing Part A, the patient confirms that 1.) he /she has read the guidelines on HIV PEP (found here); 2) understand that treatment with PEP is voluntary; 3) will comply with all follow-up requirements in the PEP guidelines if the patient agrees to take the prescribed PEP treatment. All custodian should then complete Part B of the form and follow the instructions below.

Part A – TO BE COMPLETED BY PERSON REQUESTING PEP KIT

PATIENT INFORMATION	
Patient Name: (First) :	(Last): Date of Birth (DD/MM/YY): / /
Sex : M <input type="checkbox"/> F <input type="checkbox"/>	Country/Location/Duty Station:
Organization:	Staff <input type="checkbox"/> Dependent <input type="checkbox"/> Others <input type="checkbox"/> (Please specify):
Email Address:	Phone:
PATIENT HISTORY	
Are you HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable
What is the reason you are requesting this PEP Kit? (Please check all that apply) <i>Please remember, all patient information is kept confidential.</i>	<input type="checkbox"/> HIV anti-retrovirals medication <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Morning-after pill
Are able to make a follow up appointment with a treating physician? <i>Note: Scheduling a follow up appointment is very important as additional testing may be recommended</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have been given this kit by a UN doctor

Part B – TO BE COMPLETED BY CUSTODIAN

After completion, please scan both pages and email to dos-dhmosh-hiv@un.org

CUSTODIAN INFORMATION	
Date of submission of this form to DHMOSH at dos-dhmosh-hiv@un.org (DD/MM/YY): ____/____/____	
Date of Issuance of HIV PEP Kit to individual requesting (DD/MM/YY): ____/____/____	
Custodian's (First):	(Last):
Custodian's Phone:	Custodian's Email Address: _
CONTACT DETAILS OF ATTENDING PHYSICIAN / MEDICAL STAFF (If different from Custodian)	
First Name:	Last Name:
Phone :	Email Address:
NOTE:	
1) It is mandatory to submit this form for every HIV PEP kit issued from your duty station.	
2) All forms must be submitted WITHIN 24 HOURS OF KIT USAGE.	
3) Replacement kits will not be issued to your duty station if reporting forms of previously used kits are not submitted to DHMOSH.	
4) You should inform the patient that his/her treating physician should also submit a detailed Physician assessment form to dos-dhmosh-hiv@un.org	
5) Please inform the patient that after submission of this form to DHMOSH, he/she may get a confidential follow-up contact with a DHMOSH/UN medical staff regarding the HIV PEP kit issued.	
6) All forms and other PEP Guidance documents can be found here: https://hr.un.org/page/pep-kit-programme-0	

CUSTODIAN CHECKLIST	
Did the person requesting the PEP take all contents of the kit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

	<p>If the person requesting the PEP kit did not take all contents, which contents did they take? (Please check all that apply)</p> <p><input type="checkbox"/> HIV antiretrovirals medication <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Morning-after pill <input type="checkbox"/> No kit was given</p>
<p>Have you referred the person requesting the PEP kit to make an appointment with a UN physician?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____</p>
<p>Have you informed the person requesting the PEP kit that they may get follow up call /mail from DHMOSH?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain: _____</p>

PLEASE SUBMIT BOTH PAGES OF THIS FORM WITHIN 24 HOURS of ISSUANCE OF THE HIV PEP KIT TO DHMOSH PUBLIC HEALTH SECTION AT:
dos-dhmosh-hiv@un.org

APPENDIX 3

**HIV POST-EXPOSURE PROPHYLAXIS (PEP)
PHYSICIAN ASSESSMENT REPORTING FORM**

This form must be filled and signed by the assigned/designated physician who will monitor the care of the patient. Ideally, this form is completed before administration of HIV PEP kits to UN Personnel or their eligible dependents who are exposed to HIV in mission and duty stations. **Complete this form and scan/email back to DHMOSH Public Health at dos-dhmosh-hiv@un.org**

PATIENT INFORMATION	
Patient Name: (First): _____ (Last): _____	Date of Birth (DD/MM/YY): / /
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Country/Location/Duty Station: _____
Organization/Division/Office: _____	
UN Staff Index No: _____	Staff <input type="checkbox"/> Dependent <input type="checkbox"/> Others <input type="checkbox"/> (Please specify): _____
Email Address: _____	Phone: _____

EXPOSURE DETAILS	
When did the exposure occur?	Date: _____ Time: _____
Did the exposure occur within the past 72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <i>NOTE: If more than 72 hours has passed since exposure, HIV antiretrovirals are <u>not</u> indicated.</i>
What type of exposure occurred?	<p>Occupational Exposure (i.e. Exposure occurred while at work)</p> <input type="checkbox"/> Needle stick injury <input type="checkbox"/> Human bite resulting in blood <input type="checkbox"/> Other exposure resulting in blood-to-blood, semen, or vaginal fluid contact
	<p>If the exposure occurred while at work, is the patient who was exposed, a healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Please explain: _____</p> <p>Non-occupational Exposure (Exposure did not occur at work)</p> <input type="checkbox"/> Unprotected sexual intercourse (vaginal or anal) <input type="checkbox"/> Use of shared needles or needle stick injury <input type="checkbox"/> Human bite resulting in blood <input type="checkbox"/> Other Please explain: _____ <p>Sexual Assault</p> <input type="checkbox"/> Potential exposure to blood semen from the assailant through an open wound or through intercourse Please explain: _____
Did the patient know the source person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If the patient knew the person they were exposed to, please explain: _____
Does the patient know if the source person has HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable Date of source person's last HIV test (if applicable): _____ <input type="checkbox"/> N/A

If the source person does have HIV, does the patient know if they are currently receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable Current treatment (if applicable): _____ <input type="checkbox"/> N/A
Does the source person have any of the following risk factors? [Please check all that apply]	<input type="checkbox"/> Man who has sex with men <input type="checkbox"/> Current/ ex IV drug user <input type="checkbox"/> Born or recently arrived from area of high HIV prevalence <input type="checkbox"/> Recipient of multiple blood transfusions or blood products pre-1985 <input type="checkbox"/> Sexual partner of person with risk factor(s) above
Please explain any additional exposure details or information about the source person here: _____ _____	

PATIENT HEALTH HISTORY

Does the patient have a history of HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Date of last HIV test: _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not completed <i>If the patient does not have a history of HIV, a baseline HIV test should be completed.</i>
Was a baseline HIV test completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Date of baseline HIV test: _____ Result of baseline HIV test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not completed If a baseline HIV test was not completed, please explain why here: _____
Is the patient pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Not applicable Date of pregnancy test: _____ <input type="checkbox"/> N/A Result of pregnancy test: _____ <input type="checkbox"/> N/A <i>PEP is not contraindicated for pregnant women. Moreover, because pregnancy has been demonstrated to increase susceptibility to sexual HIV acquisition, PEP can be especially important for women who are pregnant at the time of sexual HIV exposure.</i>
Does the patient have a history of the following health conditions (Please check all that apply):	Liver problems <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Kidney problems <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Bleeding problems <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure HIV <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Hepatitis C <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes to any of the above, please explain: _____

PATIENT EDUCATION AND FOLLOW UP	
<p>If the patient was instructed to take HIV antiretrovirals, was the following reviewed with the patient?</p>	<input type="checkbox"/> How to take PEP <input type="checkbox"/> Potential side effects of medication <input type="checkbox"/> Importance of follow-up <input type="checkbox"/> Safer sex / condom use for 3 months <input type="checkbox"/> Safe injecting practice (if applicable) <input type="checkbox"/> Avoiding donation of plasma, blood, tissue, or semen until confirmatory negative testing <input type="checkbox"/> Not applicable
<p>I have informed the patient to return for follow up HIV blood work in:</p>	<input type="checkbox"/> 4-6 weeks (date _____) <input type="checkbox"/> 3 months (date _____) <input type="checkbox"/> 6 months (if co-Infection with Hep C or if HIV-2 is strongly suspected) (date _____) <input type="checkbox"/> Not applicable

Physician Name:	Signature:	Date: (DD/MM/YY): / /
Physician Email:	Contact No:	
Department/Hospital Name:		

Please submit completed form to DHMOSH Public Health at
dos-dhmosh-hiv@un.org